SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700003327

FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90016 011 ***550.00

CORN. GRAUES ST. 31/56 US DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified O///3/1997 2. Pencipal Place of Business 2. A. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Sui		IENT RECORDS, INC	1003327 //					
CORAL CARLES FL 20158 US 2. Primorpal Place of Eusiness 2. A Malling Address 2. A Malling Address 3. Date Incorporation of Qualified O/1/13/1997 2. Primorpal Place of Eusiness 2. A Malling Address 3. Date Incorporation of Qualified O/1/13/1997 2. Primorpal Place of Eusiness 2. Date Incorporation of Qualified O/1/13/1997 2. Date Incorporation of Status Desired Applied For Regulard Fee Regulard Fee Regulard See Regulard	Principal Place of Business Mailing Address							
US Solidate Incorporated of Country Application								
2. Principal Place of Business						DO NOT WRITE IN	THIS SDACE	
2. Principal Place of Business	US US						THIS SPACE	
2. Principal Place of Business 2a Mailing Address 4. FEI Number Applied For Applied For School Sc		, —		-				
Sullis, Apt. #, etc.								
Suite, Apt. 8, etc. Suite, Apt. 9, etc. 27	一 ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	lace of Business	\vdash				 ''	
27 City & State 27 City & State 27 City & State 28 City & State 28 City & State 28 City & State 28 Country 29	21					65-07 1948 1		
City & State	Suite, Apt.	#, etc.	<u> </u>			5. Certificate of Status Desired	7	
23	22					_		
Zip	_ `	te	}					
24	23				Trust Fund Contribution L	Added to Fees		
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GARLES FL 33134 52 Street Address (P.O. Box Number is Not Acceptable) 33 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of sections 697,0502 and 697,1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In a final militar with, and accept the obligations of, section 697,0508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In a final militar with, and accept the obligations of, section 697,0508, Floridal Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY TILE 15. TILE 16. Change Addition NOTE: Registered Agent agents are agained when relateding) DATE: 17. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 19. TILE 10. Change Addition NOTE: Registered Address (P.O. Box Number is Not Acceptable) 19. TILE 10. OFFICERS AND DIRECTORS IN 12 10. TILE 10. TILE 11. TILE 12. OFFICERS AND DIRECTORS IN 12 12. TILE 13. TILE 14. Change Addition 14. Change Addition 15. TILE 16. Change Addition 16. Change Addition 17. Change Addition 18. Addition 18. ADDITIONSICHANGES OFFICERS AND DIRECTORS IN 12 18. ADDITIONSICHANGES OFFICERS AND DIRECTORS IN 12 19. TILE 10. Change Addition 19. Addition 19. Addition 19. ADDITIONSICHANGES OFFICERS AND DIRECTORS IN 12 19. ADDITIONSICHANGES OFFIC		— ·	Zip	—	intry	,		
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of sections 607,0502 and 607,1508, Floridal Statutes, the address of Corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, section 607,0505, Floridal Statutes. SIGNATURE Synature, typed or printer larger of implications agent and tips 4 spicionals. (MOTE Reptaired Agent agreeme agent agen	24			30				
AMERIA AVENUE CORAL GABLES FL 33134 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, speed or principle name of registered agent agent and accept the obligations of, section 607.0505, Florida Statutes. MOTE: Registered Agent agent and accept the obligations of, section 607.0505, Florida Statutes. MOTE: Registered Agent agen		9. Name and Address of Curre	nt Registered Agent		571	10. Name and Address of New Regist	ered Agent	
343 ALMERIA AVENUE CORAL GABLES FL 33134 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of section 607.0505, Florida Statutes, the appointment as registered agent. I am familiar with, and accept the obligations of section 607.0505, Florida Statutes, the appointment as registered agent. I am familiar with, and accept the obligations of section 607.0505, Florida Statutes, the appointment as registered agent. I am familiar with, and accept the obligations of section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In the accept the appo	A445	DII AMAYED CHADTEDED			81 Name		•	
CORAL GABLES FL 33134 B3					82 Street Address (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and marrial ma				<u> </u>				
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida Statutes. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida Statutes. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the section for florida Statutes. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the state of directors. I hereby accept the appointment as registered agent, or both in the state of directors. I hereby accept the appointment as registered agent, or both in the state of directors. I hereby accept the appointment as registered agent, or both in the state of directors. I hereby accept the appointment accept the appointment agent and state of directors. I have a possible and accept the appoin	CORAL GABLES FL 33134				83		1	
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida Statutes. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida Statutes. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the section for florida Statutes. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the state of directors. I hereby accept the appointment as registered agent, or both in the state of directors. I hereby accept the appointment as registered agent, or both in the state of directors. I hereby accept the appointment as registered agent, or both in the state of directors. I hereby accept the appointment accept the appointment agent and state of directors. I have a possible and accept the appoin		-			94 City		95 Zip Code	
office or registrered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and married in familiar with, and accept the obligations of, section 607.0505. Florida Statutes. SIGNATURE Signature, typed or preinted name of implitational separation of the familiar with an applicable. (NOTE: Registered Agent signature required when reinstating)					City		FL S E S S	
12.	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE							
TITLE					reo Agent signature rec	4 · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS GO SOLANO PRADO CITYSTZIP CORAL GABLES FL 33156 LA CITYSTZIP NAME HARRIS, PETER STREET ADDRESS CITYSTZIP CORAL GABLES FL 33156 LA CITYSTZIP NAME HARRIS, PETER STREET ADDRESS CITYSTZIP CORAL GABLES FL 33156 LA CITYSTZIP CORA				_	n e	ADDITIONS/CHANGES TO OFFICE		
STREET ADDRESS 630 SOLANO PRADO 13 STREET ADDRESS 14 CITY-ST-ZIP		. –	☐ DELETE	ł			C Griange C Addition	
CORAL GABLES FL 33156			, pr				Į.	
TITLE V HARRIS, PETER 21 TITLE 22 NAME STREET ADDRESS 630 SOLANO PRADO 23 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33156 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE T DELETE 41 TITLE T DELETE 51 TITLE T DELETE 51 TITLE T DELETE 51 TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE T DELETE 51 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADD							-	
MARE HARRIS, PETER 22 NAME 33 SOLANO PRADO 23 STREET ADDRESS CTY-ST-ZIP CORAL GABLES FL 33156 24 CITY-ST-ZIP			/					
STREET ADDRESS G30 SOLANO PRADO 23 STREET ADDRESS CTY-ST-ZIP CORAL GABLES FL 33156 24 CITY-ST-ZIP	TITLE	•	[V] DELETE				Change Add:tion	
CITY-ST-ZIP CORAL GABLES FL 33156 24 CITY-ST-ZIP TITLE S NAME BOWKER, JOHN H 32 NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33156 33 SOLANO PRADO CORAL GABLES FL 33156 THOMAS BOWKER THOMAS BOWKER STREET ADDRESS CITY-ST-ZIP TITLE NAME THOMAS BOWKER 42 NAME 43 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE Change Addition Addition STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP DELETE 6.2 NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE 6.3 STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE CHANGE CHANGE CHANGE CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE							ļ	
TITLE S	STREET ADDRESS		2.		REET ADDRESS			
NAME BOWKER, JOHN H 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33156 3.4 CITY-ST-ZIP THOMAS BOWKER 4.4 NAME THOMAS BOWKER 4.2 NAME 5TREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33156 4.4 CITY-ST-ZIP TITLE 5.1 TITLE 6.3 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33156 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.5 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.3 NAME 5.3 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.3 NAME 5.3 NAME 5.3 NAME 5.3 N	CITY-ST-ZIP							
STREET ADDRESS 630. SOLANO PRADO 33. STREET ADDRESS 34. CITY-ST-ZIP	TITLE		L_ DELETE			مس يا ه	Change Addition	
CITY.ST.ZIP CORAL GABLES FL 33156 3.4 CITY.ST.ZIP TITLE T DELETE 4.1 TITLE Change Addition NAME THOMAS BOWKER 42 NAME STREET ADDRESS CITY.ST.ZIP CORAL GABLES FL 33156 4.4 CITY.ST.ZIP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS 5.3 STREET ADDRESS CITY.ST.ZIP Change Addition NAME DELETE 6.1 TITLE Change Addition NAME 6.2 NAME CTY.ST.ZIP Change Addition STREET ADDRESS 6.3 STREET ADDRESS CTY.ST.ZIP CHANGE CHANGE STREET ADDRESS CTY.ST.ZIP CHANGE CHANGE CHANGE CHANGE CITY.ST.ZIP CHANGE CHANGE <t< td=""><td>NAME</td><td></td><td></td><td>3.2 NA</td><td>ME</td><td></td><td></td></t<>	NAME			3.2 NA	ME			
TITLE T DELETE 4.1 TITLE Change Addition NAME THOMAS BOWKER 4.2 NAME	STREET ADDRESS	630. SOLANO PRADO	•	3.3 ST	REET ADDRESS	~~		
NAME THOMAS BOWKER STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 TITLE S1 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP S1 STREET ADDRESS S1 STREET ADDRESS S1 STREET ADDRESS CITY-ST-ZIP S1 STREET ADDRESS CITY-ST-ZIP S1 STREET ADDRESS CITY-ST-ZIP S1 STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	CORAL GABLES FL 33156		3.4 CI	TY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33156 44 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S1 TITLE S2 NAME S3 STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition Addition NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE S2 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP S3 STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP S5 STREET ADDRESS CITY-ST-ZIP S6 CITY-ST-ZIP S7 NAME S	TITLE	T	☐ DELETE	4.1 TIT	re .		Change Addition	
CITY-ST-ZIP CORAL GABLES FL 33156 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change Addition NAME 6.1 TITLE Change Addition Addition Addition STREET ADDRESS CITY-ST-ZIP 6.2 NAME Change Addition Addition CITY-ST-ZIP 6.4 CITY-ST-ZIP Change Addition Change Addition Company Addition Company Company Addition Company	NAME	THOMAS BOWKER		4.2 NA	ME			
CITY-ST-ZIP CORAL GABLES FL 33156 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change Addition NAME 6.1 TITLE Change Addition Addition Addition STREET ADDRESS CITY-ST-ZIP 6.2 NAME Change Addition Addition CITY-ST-ZIP 6.4 CITY-ST-ZIP Change Addition Change Addition Company Addition Company Company Addition Company	STREET ADDRESS	630 SOLANO PRADO		4.3 ST	REET ADDRESS			
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SA CITY-ST-ZIP Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GA CITY-ST-ZIP	CITY-ST-ZIP			4.4 CI	TY-ST-ZIP			
5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.3 STREET			DELETE	5.1 TI	TLE .	•		
5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.3 STREET	NAME :			5.2 NA	ME			
CITY-ST-ZIP 54 CITY-ST-ZIP TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP	STREET ADDRESS			5.3 ST	REET ADDRESS		An 8.	
TITLE					ļ			
NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP			, ncierc	_			Change Addition	
STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP		gat to the	⟨ ⟨ ⟨ □ DEFEIE					
CITY-ST-ZIP 6.4 CITY-ST-ZIP								
THE A DESCRIPTION WHEN THE WASHING CHOOSED WITH THE WASHINGTON WITH THE A PROPERTY OF THE WASHINGTON WASHINGTO	6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information							

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ___

SIGNATURE REQUIRED

galen 7,

1/13/99 305 (1-4)