## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P9700006623**1. Corporation Name

1238 COLLINS AVE. CORP.

## FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90064 007 \*\*\*150.00

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Principal Plac	ce of Business	Mailing Address				IBANL BBNU BBUN BBUN BLAND Bİ	
1238 COLLINS AVE 1238 COLLINS AVE					}	·	
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139							4 <u>.</u>
						ITE IN THIS SPACE	··
					3. Date Incorporated or Qualifed		
2. Principal F	Place of Business	2a. Mailing Address			01/17/1997 4. FEI Number		Annied For
21		26		•	65-0735252	<del>)  </del>	Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	<u>.</u>			\$8.75	Additional
22		27			5. Certifcate of Status Desired		Required
City & Sta	te	City & State			6. Election Campaign Financing	_ \$5.00	0 May Be
23		28		Trust Fund Contribution		to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible			
24 .	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	nt Registered Agent	8	1 Name	10. Name and Address of New F	Registered Agent	
WEI	INBERG, SCOTT	•	0	Name			
1238 COLLINS AVE		82	2 Street Add	Iress (P.O. Box Number is Not Accepta	able)	*. * **	
	MI BEACH FL 33139		8:	2		e jame – rekore, je i di Na Ulika kuji katang kata di	76 345 - X 5.1 - X 5
·			0,	1			
			84	City	real No. 2 A.	FL 85 Zic	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statu	tes, the abov	/e-named.com	poration submits this statement for the	number of the selection is	te registered
· onice or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	iuthorized by	/ the corporati	ion's board of directors. I hereby accep	pt the appointment as r	registered
	am lamiliai with, and accept the obliga	llions of, Section 607.0505, Fit	onda Statute	5.			
							<b>I</b>
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	: Registered Age	nt signature require	ed when reinstating)	DATE	
12.		nt and title if applicable. (NOTE ID DIRECTORS	Registered Age	nt signature require	ad when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	ORS IN 12
	OFFICERS AN			ent signature require			
12.	OFFICERS AN DP WEINBERG, SCOTT	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	
12.	OFFICERS AN DP WEINBERG, SCOTT 1238 COLLINS AVE	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	
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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 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 truster of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed for on an attachment with an address, with all other like empowered.

SIGNATURE:

HOLD THE AND TYPES OF PRINTED NAME OF SIGNING OFFICES OR DIRECTOR

Date 305 531-3406