PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 22, 1999 8:00 am Secretary of State

09-22-1999 90004 007 ***550.00

DOCUMENT # P97000020032 1. Corporation Name

sake in	ivestments inc.										
Principal Plac	e of Business	Mailing Address				1		II as iik Barri asiid			(Alta Hall Iaal)
1021 IVES DAIRY ROAD SUITE 213 MIAMI FL 33179		1021 IVES DAIRY ROAD SUITE 213 MIAMI FL 33179				DO NOT V	VRITE IN THIS	SPAC	Ē		
minimi i E 00179 MIRMI E 00179						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
						".	03/04/1997				
2. Principal P	lace of Business	2a. Mailing Address				1	FEI Number			Apr	lied For
21		26				65-0824670		<u> </u>		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			+			\$8		dditional	
22		27			5.	Certifcate of Status Desired	d 🗆		ee Rec		
City & Stat	te	City & State	· · · · · ·				Election Campaign Financi	na	\$5	00	May Be
23		28				"	Trust Fund Contribution	'' ⁹ 🗆		ided to	
Zip	Country	Zip	Counti	iry		8.	This corporation owes the	current year In	tangible		
24	25	29	30			•	Personal Property Tax.	•	🔀 Ye		□No
	9. Name and Address of Curre	nt Registered Agent				10.	Name and Address of Ne	w Registered	Agent		
			8	31 Na	ime						
	NBERG_STEVEN		8	32 St	reet Addre	ee (P	P.O. Box Number is Not Acc	entable)			
1021 IVES DAIRY ROAD #213				- 0.	oot Addie	,33 (1	.O. Box Humber is Not Acc	ортавіо)			
MIAN	M FL 33179-2525		8	13							
			8	14 0	.				lasi	7:- C	- da
			10-	14 Cit	y			FL	85	Zip C	ode
11 Pursuant	to the provisions of Sections 607.050	02 and 607 1508 Florida Statutos	the abo	We-nar	med corno	ration	n submits this statement for		changi	na ite r	enistered
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the state o	ations of, Section 607.0505, Florid	da Statute	9S.	med corpo corporation				changi intment	ng its r as reg	egistered istered
agent. I a	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Florid	da Statute	9S.		when n		the purpose of ccept the appo			
agent. I a	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Florid ent and title if applicable (NOTE: R	da Statute	9S. gent signa		when n	reinstating)	the purpose of ccept the appo		ECTOR	
agent. I a SIGNATURE 12.	m familiar with, and accept the obligated age of signature, typed or printed name of registered age of the obligated of the o	ations of, Section 607.0505, Floric and title if applicable (NOTE: R ND DIRECTORS	da Statute	9S. gent signa		when n	reinstating)	the purpose of ccept the appo	ND DIRI	ECTOR	RS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exception 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 any first 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 except 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, with all others were empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE: _

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STEVEN EISENBERG SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Change

☐ Addition