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

PROFIT CORPORATION ANNUAL REPORT

1999

incipal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

## FILED Sep 09, 1999 8:00 am Secretary of State

09-09-1999 90001 033 \*\*\*558.75

OCUMENT # P970000 45425(0)

DUSK CORPORATION

\* 6 613745 - 90001 - 33 5 \*

4505 SABALPALM Rd MIAMI, FL 33137 Mailing Address
4505 SADAL PALM PER
MIAMI, FR 33137

Man (0 22127	MIAMI, FR 3313	コ	DO NOT WRITE IN THIS SPACE			
MIAMI, FR 33137	TRACTIFE SOLD	7	3. Date Incorporated or Qualifed 5/20/97			
Principal Place of Business	2a. Mailing Address		4. FE Number	Applied For		
2265 BONMONT DR	26 2265 Bowmon	JR IV	<b>6</b> 5-0765587	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State - BEVERLY HILLS, EA	City & State  28 BEVERLY HILL	5, CA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		USA	This corporation owes the current year     Personal Property Tax.	Intangible Yes □No		
9. Name and Address of Curre	10. Name and Address of New Registered Agent					
GREGIR A. MARTIN & ASSOC. PA		81 Name MICHAEL FINUECIO				
GREGORY A. MARTIN & ASSOC. PA 100 BISCAY NE BLVD # 601		Street Address (P.O. Box Number is Not Acceptable)  MALLAH, FURMAN + CO				
MIAMI, FC 33	1001 BRICKELL BAY DRIVE # 1400					
				85 Zip Code		

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SNATURE .	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature r	equired when reinstating) DATE		
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
E	DELETE	1.1 TITLE	PRESIDEND	Change Change	Addition
IE )	HELL MUND, MARY 4505 SABAL PALM Rd	1.2 NAME	MARY W. HELMUND _	•	
EET ADDRESS	4505 SABAL PALM 12d	1.3 STREET ADDRESS	MARY W. HELLMUND 2265 BOWMONT DRIVE		l
-ST-ZIP	MIAMI, FLORIDA 33137	1.4 CITY-ST-ZIP	BONERY HILLS, CA 90210		
E	DELETE	2.1 TITLE	VICE- PRESIDENT	Change	Addition
Æ		2.2 NAME	MAIANDRA DELFIND		
EET ADDRESS		2.3 STREET ADDRESS	MAMNDRA DELFIND 2265 BOWMONT DRIVE		
'-ST-ZIP		2.4 CITY-ST-ZIP	BENERY MILLS, CA 90210		
E	DELETE	3.1 TITLE		Change	Addition
IE .		3.2 NAME			
EET ADDRESS	•	3.3 STREET ADDRESS			
-ST-ZIP		3.4. CITY-ST-ZIP			
E	☐ DELETE	4.1 TITLE		Change	Addition
IE .		4.2 NAME			
EET ADDRESS		4.3 STREET ADDRESS			
-ST-ZIP		4.4 CITY-ST-ZIP			
E	☐ DELETE	5.1 TITLE		Change	☐ Addition
Œ		5.2 NAME			
EET ADDRESS		5.3 STREET ADDRESS			
-ST-ZIP		5.4 CITY-ST-ZIP			
E	☐ DELETE	6.1 TITLE		Change	☐ Addition
E	//	6.2 NAME			
EET ADDRESS	// /	6.3 STREET ADDRESS			
CT 780	// /	6 # CITY-ST-ZIP			

. 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 suppliemental 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 of the receiver of 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 for an attachment with an address, with all other like empowered.

IGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

GHOMD

310-818-0990

(11/30)