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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700061890

1. Corporation Name

REMOTE PUBLISHING, INC.

Mar 31, 1999 8:00 am Secretary of State 03-31-1999 90040 048 ***150.00

112111011		-							
Principal Plac	e of Business	Ma	ailing Address				-	MICAN INNAL H	HAND LINKA UDAN KRIN
4550 N MICHIGAN AVE 455			4550 N MICHIGAN AVE MIAMI BEACH FL 33140						
us us							DO NOT WRITE IN THIS SPACE		
							Date Incorporated or Qualifed 07/16/1997		
2. Principal P	Place of Business	2a.	Mailing Address				4. FEI Number		Applied For
21		26					59-3468898	,,,	Not Applicable
Suite, Apt.	#, etc.	\Box	Suite, Apt. #, etc.				5. Certifcate of Status Desired	~	5 Additional Required
22 City 8 Ct-1		27	City & State						
	سمهبشت. وجه وراجست الأسار والتسب ال	28	City & State		حبين. ــ	مسسح والمرديات	_6Election Campaign Financing	U.Ç⊄	May Be
Zip	Country	20	Zip	Cou	vrtni		This corporation owes the current year Int		1101003
24			30			Personal Property Tax.	Yes	⊠ No	
	9. Name and Address of Curre		tered Agent	1901			10. Name and Address of New Registered	Agent	
					81	Name		•	
	EDANO, TED					Chant Add-	on ID C. Boy Number in Net Accentable)	 	
4550 N MICHIGAN AVE				82 Street Add			ss (P.O. Box Number is Not Acceptable)	•	
MIAI	MI BEACH FL 33140				83				
	•		. ~ ~ ~		84	City		85 Zi	ip Code
	<u> </u>					,	<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.05	02 and 60	07.1508, Florida Statute	es, the al	bove	s-named corpor	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoi	changing	its registered
agent. I a	m familiar with, and accept the oblig	ations of,	Section 607.0505, Flo	rida Statı	utes.		13 Sould of directors, I have by account the appoint	intirorii as	registered
SIGNATURE									
	Signature, typed or printed name of registered ago				Agent	t signature required v			TODO IN 40
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AN	Chang	
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NAME	TOLEDANO, TED S.			1.2 NA			•]
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CITY-ST-ZIP	MIAMI BEACH FL 33140					I	•		
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NAME			☐ DELETÉ	2.1 TIT	TY-ST TLE	r-ZIP	•	☐ Chang	e Addition
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CITY-ST-ZIP			DELETÉ	2.1 TIT 2.2 NA 2.3 ST	TY-ST TLE VME REET	ADORESS		☐ Chang	e Addition
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-TITLE		c	□ DELETE	2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT	TY-ST TLE AME REET TY-ST	ADORESS			
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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 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, with all other like empowered.

SIGNATURE:

305-868-1280