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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS



**FILED** Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90023 013 \*\*\*150.00

Applied For Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/01/1997

-E	OCUMENT	# PQ7	'ስስስስ	<u> 1667</u>	<b>'</b> 21
4	Corneration Name				<b>T</b> 1

WATCH UNIVERSE, CORP.

•	
Principal Place of Business	Mailing Address
00 BAY DRIVE PT 625 IAMI FL 33141	900 BAY DRIVE APT 625 MIAMI FL 33141
2. Principal Place of Business  1 NE 1St St  Suite, Apt. #, etc.	2a. Mailing Address  26 9 0 2 2 4 6 .  Suite, Apt. #, etc.

2a. Mailing Address	4. FEI Number		Applied For
26 900 BAY Pr.	65-0771137		Not Applical
Suite, Apt. #, etc. 27 62.5	5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State  28 Miami BEACH - FI	Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Country	8. This corporation owes the curre	ent year Ir	ntangible

33132.	25	29	33141	30		Personal Property Tax.		Yes	i □n
9.	Name and Address of Cu	rrent Registere	d Agent			10. Name and Address of New Regis	stered A	gent	
TAPIERO, J	ACOR				81	Name			
900 BAY D					82	Street Address (P.O. Box Number is Not Acceptable)			
APT 625 MIAMI FL 3	2141				83				
MIAMI FL 3	3141				84	City		85	Zin Code

11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the abo

office or r agent. I a	egistered agent, or both, in the State of Florida. Such change was aut in familiar with, and accept the obligations of, Section 607.0505, Florid	horized by the corpo	•	stered
SIGNATURE	_ A Catal		2/1/99.	
***		legistered Agent signature r	. , , , , , , , , , , , , , , , , , , ,	
12.	OFFICERS AND DIRECTORS	13.	-ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
1	DP DELETE	1.1 TITLE	☐ Change	Addition
	TAPIERO, JACOB	1.2 NAME		
STREET ADDRESS	900 Bay Drive, Apt-625	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33141	1,4 CITY-ST-ZIP		
TITLE	DT DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	TAPIERO, ELI	2.2 NAME		
STREET ADDRESS	900 BAY DRIVE, APT-625	2.3 STREET ADDRESS	<u>,</u> ·	
CITY-ST-ZIP	MIAMI FL 33141	2.4 CITY-ST-ZIP	·	,
TITLE	DS DELETE	3.1 TITLE	☐ Change	Addition
NAME	TAPIERO, ANITA	3.2 NAME		
STREET ADDRESS	900 Bay Drive, APT-625	3.3 STREET ADDRESS	e e	
CITY-ST-ZIP	MIAMI FL 33141	3.4. CITY+ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		1
CITY-\$T-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DÉLETE	5.1 TITLE	Change	☐ Addition
NAME		5.2 NAME	·	1
STREET ADDRESS		5.3 STREET ADDRESS		ĺ
. ITY-ST-ZIP		5.4 CITY- ST- ZIP		į
TITLE	☐ DELETE	6.1 TITLE	☐ Change	Addition
NAME		6.2 NAME		1
STREET ADDRESS		6.3 STREET ADDRESS		Ì
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
44 I haraby a	ertify that the information cumplied with this filing dose not qualify for the	a augustian atatad	Lin Continu 440 07/03/03 Florido Otabahan 1 & alban and & about the line	

indicated on this annual report or supplied with all series true and accurate and that my signature shall have 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: