PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000072641

SUPREME ACQUISITION CORPORATION

Principal Place	e of Business	Mailing Address							
3000 NW 107TH	I AVF	3000 NW 107TH AVE							
MIAMI FL 33172		MIAMI FL 33172							
						DO NOT	WRITE IN THE	S SPACE	
						Date Incorporated or Qual	alifed		1
						08/20/1997			Í
2 Principal P	lace of Business	2a, Mailing Address				4. FEI Number		A	pplied For
		26				65-0780799			ot Applicable
21	# - t-	Suite, Apt. #, etc.				00 07 007 99			Additional
Suite, Apt.	#, etc.	<u> </u>				5. Certifcate of Status Desi	red 💢 ·		equired
22 27									·
City & Stat	te '	City & State				6. Election Campaign Finar	ncing []		May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes th	e current year Ir	ntángible	_
24	25	29	30			Personal Property Tax.		Yes	™No
 .	9. Name and Address of Current	Registered Agent				10. Name and Address of	New Registered	l Agent	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 3 June 1 7 St.		81	Name				
R &	C CORPORATE SERVICES, INC.	44. 4 6.72							
	MI CENTER, 201 SOUTH BISCAY	ME RI VID		82	Street Addre	ess (P.O. Box Number is Not A	cceptable)		
	-	1L DL1D						110 110	3 13 9 75
	E 3000			83			神诗情感染	3. 经基础	马佩斯岛.
MIAN	VII FL 33131			84	City .		s, and saturated the Carlotte	85 Zip	Code
	•			04	City .	•	FI	_ 65 210	0000
*44 Directions	to the provisions of Sections 607.0502	and 607 1508. Florida Sta	utes the a	ahove	-named corpo	pration submits this statement for	or the purpose o	f changing its	s registered
office or r	registered agent or both in the State o	of Florida. Such change was	authorize	d by '	the corporation	n's board of directors. I hereby	accept the appo	ointment as re	egistered
agent. I a	im familiar with, and accept the obligat	ions of, Section 607.0505, F	lorida Stat	tutes.					
									1
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent		TE: Registered	d Agen	t signature required	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	D DIRECTORS	TE: Registered		t signature required	when reinstating)			
					t signature required			ND DIRECTO	ORS IN 12
12 TITLE	OFFICERS AND	D DIRECTORS	13. 1.1 Ti		t signature required				
12. TITLE NAME	OFFICERS AND D FELDENKREIS, OSCAR	D DIRECTORS	13. 1.1 TI 1.2 N	ITLE IAME					
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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.

FILED

Feb 05, 1999 8:00am

Secretary of State

02-05-1999 90009 016 ***158.75