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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000075009**1. Corporation Name

POLIMARK CORPORATION

1999

| Principal Place | e of Business | M | ailing Address | | | 1 | | | | | |
|--|---|--|---|--|---|---|----------------------------------|----------------|------------|--------------|---|
| 8471 SW 48 ST | TREET | 84 | 71 SW 48 STREET | | | | | • | • | | |
| MIAMI FL 33155 | | | MIAMI FL 33155 | | | | DO NOT WRITE IN THIS SPACE | | | IS SPACE | |
| US | • | US | S | | | 3 Ds | ite Incorporated | | | | |
| | • | | | | | 0 | 3/28/1997 | Of Garantee | | | |
| 2. Principal Pl | lace of Business | 2a. | . Mailing Address | | | | 1 Number | • | | | Applied For |
| 21 | ` | 26 | | | | 6 | 5 <u>-0819172</u> | | | | Not Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | 5. Ce | ertifcate of Statu | s Desired | | 7 | Additional Required |
| 22 | | 27 | | | | | | | | | |
| City & State | e | <u> </u> | City & State | | | | ection Campaign | _ | | · | May Be d to Fees |
| 23 | | 28] | | 0 | | | ust Fund Contril | | | | d to rees |
| Zip | Country | \vdash | Zip | Cou | ntry | | is corporation o | | ent year i | Intangible | □No |
| 24 | 25 | [29] | | 30 | | | rsonal Property ame and Addre | | tegistere | | |
| | 9. Name and Addres | of Current Regis | | | 81 Nam | | and Addit | | | g | |
| ROR | DAS, JULIO J | | | | | | <u> </u> | | | | |
| | SW 48 STREET | | | | 82 Stre | et Address (P.O | | | | | |
| | MI FL 33155 | | | | 83 | | | 14 15 19 19 19 | 77.7 | The Sta | 3,7 5,1121,358 |
| 1777 | | | | | | · | | <u> </u> | 100 | | |
| | | | | | 84 City | • | | | F | 85 Z | p Code |
| | * **** (| 007 0500 6 | 007 4500 Florido State | | | ed cornoration si | hmits this state | ment for the | DUIDOSE | of changing | its registered |
| 977 7 37 3 | | | | | | | 2011110 11110 01010 | | | | |
| 11. Pursuant | to the provisions of Section | n the State of Flori | ida. Such change was | ites, the a authorized | bove-nam | orporation's boar | l of directors. I l | nereby accer | ot the app | omment as | registered |
| agent. Fa | to the provisions of Section egistered agent, or both, in familiar with, and accept | n the State of Flori t the obligations of | ida. Such change was f, Section 607.0505, Fl | ites, the a authorized orida Stati | bove-nam by the coutes. | orporation's boar | d of directors. I I | nereby accer | ot the app | ointment as | registered |
| agent. Fa | im familiar with, and accep | the obligations of | 1, Section 607.0303, F1 | Onua Siau | | | | nereby accer | DATE | oomment as | registered , |
| SIGNATURE | m familiar with, and acceptions and acception for signature, typed or printed name of | registered agent and title | a if applicable. (NOT | E: Registered | | ure required when reins | | | DATE | | |
| signature | Signature, typed or printed name o | the obligations of | a if applicable. (NOT | Onua Siau | Agent signatu | ure required when reins | tating) | | DATE | | TORS IN 12 |
| SIGNATURE 12. | Signature, typed or printed name o | registered agent and title | if applicable. (NOT | E: Registered | Agent signatu | ure required when reins | tating) | | DATE | AND DIREC | TORS IN 12 |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name o OF PD BORDAS, ROSA M. | registered agent and title | if applicable. (NOT | E: Registered | Agent signatu | ure required when reins AD | tating) | | DATE | AND DIREC | TORS IN 12 |
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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 of an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90017 032 ***150.00