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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700081350

OPEN BOUNDARIES, INC.

Principal Place of Business

Mailing Address

2665 S. BAYSHORE DRIVE
SUITE 703

MIAMI FL 33133

US

MAILING Address

2665 S. BAYSHORE DR
SUITE 703

MIAMI FL 33133

US

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90152 050 ***158.75



MIAMI FL 33133	}	Mi	MIAMI FL 33133			DO NOT WRITE IN THIS SPACE			
US			3			3. Date Incorporated or Qualifed			
-						09/18/1997			
2. Principal Pl	ace of Business	2a.	. Mailing Address			4. FEI Number	Α	pplied For	
21		26				65-0785975		lot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27				2. 25/1/2000 5. 50/1/2000		Required	
City & State	e		City & State			6. Election Campaign Financing		May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country		Zip	Country	/	This corporation owes the current year Intangent		17 11 .	
24	25	29	30	L.,_		Tersonal Troporty Tax:	Yes	MZNo I	
	9. Name and Address of Current	Regis	stered Agent	81	Nome	10. Name and Address of New Registered Ag	eill		
1410=	RLD CORPORATE SERVICES ,	140		81		orld Corporate Services, Inc.			
	•	82	82 Street Address (P.O. Box Number is Not Acceptable)						
	S. BAYSHORE DR					65 South Bayshore Drive			
	E 703			83	Su	rite-70 3			
MIAN	/II FL 33133			84	City		85 Zig	Code	
					City M i	ami FL	35	1133	
11. Pursuant	to the provisions of Sections 607.0502	and 6	507.1508, Florida Statutes,	the abov	e-named of	corporation submits this statement for the purpose of ch pration's board of directors. I hereby accept the appointn	anging i nent as i	ts registered registered	
agent. I a	egistered agent, or both, in the State to m familiar with, and accept the obligat	ions of	f, Section 607.0505, Florida	Statute	8.	Station of Double of Andread of Trockey Goodp's the opposite			
SIGNATURE					mothy	D. Richards, Pres. 01/12/99	ـــــ		
SIGNATURE	Signature, typed or printed name of registered agent			gistered Age		equired when reinstating) DATE	DID# 07		
12.	OFFICERS ANI	D DIRE		13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	DPS		☐ DELETE	1.1 TITLE		701.0	Change	: Haddillon	
NAME	STATON, STUART A.			1.2 NAME		Stuart A. Staton			
STREET ADORESS	1060 COTORRO AVE			1.3 STREE	ET ADDRESS	10 Edgewater Drive Unit Lanai South Phase I			
CITY-ST-ZiP	CORAL GABLES FL 33146			1.4 CITY-5	ST-ZIP	Coral Cables Florida 22122	7.01		
TITLE .	AS		☐ DELETE	2.1 TITLE] Change	Addition	
NAME	RICHARDS, TIMOTHY D.			2.2 NAME					
STREET ADDRESS	2665 S. BAYSHORE DR, SUITE	703		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33133			2.4 CITY-	ST-ZIP				
TITLE			☐ DELETE	3.1 TITLE		ĺ	_] Change	Addition	
NAME				3.2 NAME					
STREET ADDRESS		•		3.3 STREE	TADORESS				
CITY-ST-ZIP				3.4. CITY-	ST-ZIP			.,	
TITLE			☐ DELETE	4.1 TITLE			_ Change	Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	T ADORESS				
CITY+ST-ZIP			1	4.4 CITY-	ST-ZIP				
TITLE			DELETE	5.1 TITLE			Change	Addition	
NAME				5.2 NAME					
STREET ADDRESS	}			5.3 STRES	ET ADDRESS	}			
CITY-ST-ZIP			j	5.4 CITY-	ST-ZIP				
TITLE			[] DELETE	6.1 TITLE			Change	e	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	ET ADDRESS				
				6.4 CITY-					
CITY-ST-ZIP	ſ				/	ſ			

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: Timothy D. Richards 01/12/99 (305) 858-9900

CR2E034 (11/98)