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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092212

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90059 010 ***150.00

1. Corporation CREMIEF	RES, INC.				٠			
Principal Place	e of Business	Mailing Address				1 (00)(00) 118 (01)(103)(03)() 60()(08)() 08)()		A STATE OF BUILDING
10651 BLATT BOULEVARD NO. 105 3628 NE 18 AVE WESTON FL 33326 OAKLAND PARK FL 33334						DO NOT WORTS IN THE	CDACE	
						DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 10/27/1997	,		
	ace of Business	2a. Mailing Address 2500 Fields 26 Ft. Cauderdo	e River	liver Dr.		4. FEI Number	-	pplied For
	hiddle River Dr.	26 Ft. Lauderde	ile Fi 3	3330	05	62-1730855		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		Additional lequired
City & State City & State						6. Election Campaign Financing		May Be
23 平[28 28 28 28 28 28 28 28 28 28 28 28 28						Trust Fund Contribution		to Fees
Zip	Country	Zip		untry		8. This corporation owes the current year in	tangible []] Yes	□No
24 33305	5 25	29	30			Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	Kegisterea Agent		81	Name	10. Name and Address of New Registered	Agent	
LOO	MAR, L. GREGORY ESQ.					·		
	NORTH UNIVERSITY DRIVE			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES FL 33024				83				——————————————————————————————————————
				84	City	FI	- `	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Sta	atutes, the a	above	e-named cor	poration submits this statement for the purpose o tion's board of directors. I hereby accept the appo	f changing it	s registered eaistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505.	Florida Sta	itutes.	·	non a board of an octor of the court of the opposite of the op		3
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (N	OTE: Registere	ed Agen	t signature requi	red when reinstating) DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 T	TITLE			Change	☐ Addition
NAME	Cortes, Jorge		1.2 N	VAME	1	Cortes, lorge 2500 hiddle River Dr.		
STREET ADDRESS	3628 NE 18 AVE		1.38	1.3 STREET ADDRESS 2		2500 madre river Dr.		(
CITY-ST-ZIP	OAKLAND PARK FL 33334					/ + + · · · · · · · · · · · · · · · · ·		ſ
TITLE	D					Ft. Lauderdale, FL 33305		
NAME	SONDEREGGER CORTES , SU:		2.1 T	CITY-S]		Ft. Lauderdale, FL 33305	Change Ch	Addition
STREET ADDRESS					. د	Ft. Lauderdale, FL 33305 onderinger Contro, Susan	(X) Change	Addition
SINCE I ADDRESS	3628 NE 18 AVE		22 N	TITLE NAME	ADDRESS	Ft. Lauderdale, FL 33305 onderegges Cortes, Susan 2500 Hiddle River Dr.	(X) Change	Addition
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† 1	3628 NE 18 AVE		2 2 N 2.3 S 2.4 C 3.1 T	TITLE NAME STREET CITY-S TITLE	ADDRESS	Ft. Lauderdale, FL 33305 onderegges Cortes, Susan 2500 Hiddle River Dr.	Change	
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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:

SUSAN CORTES SUGAN COITS

Date