FILE NOW: 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 # P97000102023

RENEE POLLAK INTERNATIONAL INSTITUTE, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90171 013 ***150.00



Principal Place of Business Mailing Address									
7970 SW MIAMI FL	86 TERR . 33143	7970 SW 86 TERR MIAMI FL 33143				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 12/01/1997		<u> </u>	
2. Princ	Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For	1
21		26				65-0804418	N.	ot Applicable	1
	e, Apt. #, etc.	#, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Additional equired]
	& State	City & State	28			6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees	
Zip	Country			ntry		8. This corporation owes the current year		\searrow	1
24	25 29 30		0			Personal Property Tax.	Yes	<u> </u>	┨
ļ	9. Name and Address of Curr	ent Registered Agent		81	Nome.	10. Name and Address of New Registe	red Agent	<u>′</u> _	┨
	KUPERMAN, MARC A				Name Street Addres	ss (P.O. Box Number is Not Acceptable)			}
7695 SW 104 ST, STE 210 MIAMI FL 33156			Ĺ	83					1
			Ļ	_		<u> </u>	- Tag 1 75:	Cada	-
				84	City		FL 85 Zip	Code	
) offic	suant to the provisions of Sections 607.0 be or registered agent, or both, in the Statent, I am familiar with, and accept the obli	e of Florida. Such change was auti	horized	by th	named corpor e corporation	ration submits this statement for the purpor's board of directors. I hereby accept the	se of changing its appointment as re	registered gistered	
SIGNAT									
	Signature, typed or printed name of registered a	<u> </u>		Agent s	ignature required v			DDC IN 12	√ ģ
12.		AND DIRECTORS	13.		Т	ADDITIONS/CHANGES TO OFFICER	Change	Addition	1 5
בוחוד	D DOLLAR DENEE	€7 nere is	. 1.1 TIT		Ì		change		1
NAME	POLLAK, RENEE	1.2 NA							8
STREET AD					DDRESS				}
CITY-ST-Z	P MIAMI FL 33143	☐ DELETE	1.4 CITY-ST-ZII 2.1 TITLE		<u> </u>		Change	Addition	1 8
TITLE		C Dett. It	22 NAME						1
NAME	an-co		2.3 STREET AL		nnpess	. *			
STREET AL	Į.		1	TY-ST-		,			1
CITY-ST-Z	IP	☐ DELETE	3.1 TITLE		ZIF		Change	☐ Addition	1
NAME		32N			l		_		ł
STREET AL	hnores			3 STREET ADDRESS			•		
CITY-ST-Z				TY-ST-	- (•		
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STREET AL	DRESS		4.3 STF	REETA	DDRESS				1
CITY-ST-Z	1		1	Y-ST-2					J
TITLE	-	☐ DELETE	5.1 TITT				Change	☐ Addition	
NAME			5.2 NA	ME			•		
STREET AL	DORESS		5.3 STREE		DDRESS		•		[
CITY-ST-Z			5.4 CITY-ST-ZIP		ZIP				1
TITLE		☐ DELETE	6.1 TITI	6.1 TITLE			Change	Addition	
NAME			6.2 NA	ME				~ ~~~	=
STREET AL	DORESS		6.3 STF	REETA	DDRESS				
CITY-ST-Z	ip)		6.4 CIT	TY-ST-Z	ZIP				}

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 suppliemental 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:

Tollie PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR