PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90029 024 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000108190

EDWARD A. SHAPIRO INC. - IN HOUSE COURIERS

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Principal Plec	e of Rusiness	Mailing Address			- î fâdîtîdîi tîn ibru sanit ossul aniti aressi	i ayanı dalası ininci erişin i	Bili beli ikni
'		-	IDEET SI	ITE 100	1		
111 SOUTHWEST 3RD STREET SUITE 100 111 SOUTHWEST 3RD STREE MIAMR FL 33130 MIAMR FL 33130				112 100	1		
MINIM PE SOID	~				DO NOT WRITE IN	THIS SPACE	
	•				3. Date Incorporated or Qualifed		į
,					01/01/1998		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	App	lled For
21		26			-65-0801561	. Not	Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	
22	27					Fee Rec	Injueg
City & Stat	te	City & State		en e	6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Cour	itry	8. This corporation owes the current year		٦
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curr	rent Registered Agent		-41 a	10. Name and Address of New Registr	ered Agent	
	DIDO COMIDO A		ļ	81 Name]
	APIRO, EDWARD A	01/ITT 400	ł	82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	SOUTHWEST 3RD STREET	SUITE 100	1				
MIAI	MI FL 33130			83			
ļ		•	ŀ	84 City		85 Zip C	ode
	± .			- 1			
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607.1508, Florida Statute of Florida. Such change was	utes, the ab	ove-named corp by the corporation	oration submits this statement for the purpoon's board of directors. I hereby accept the a	se of changing its a appointment as reg	egistered istered
11. Pursuant office or i agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obli	its of Florida. Such change was ligations of, Section 607.0505, Fl	lorida Statu	ove-named corp by the corporation tes.	of when reinsteiting) DA1	TÉ	
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14. I hereby certify that the Information supplied with this filling 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 laytrue and accurate and that my signature shall have the same legal effect as if made under each; 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 agraddess, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIRVING OFFICER OR DIRECTOR	4/28/99	177.4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Digite	Daytime Phone #

8.4 CITY-ST-ZIP