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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # P9800000572

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90199 019 \*\*\*150.00

1. Corporatio	ET SPECTRUM CO	RPORATION									
Principal Plac	e of Business	Mailing Address						POIL BOILD	MALIE MAINE MILIE	7019 (IB) IBB)	
801 S.W. 3FID	AVENUE	801 S.W. 3RD AVENUE									
SUITE 300 SUITE 300							DO NOT INDITE IN THE COLOR				
MIAMI FL 33130 MIAMI FL 33130						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
						3. Date 11	•	ı 			
2. Principal P	Place of Business	2a. Mailing Address				4, FELNI			Apı	lied For	
21		26				65	-080445L	<del></del>	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifca	ite of Status Desired		\$8.75 A	1	
2 SYITE 200		27 SUITE 20	0			ļ			Fee Re	juirea	
City & Stat	<b>b</b>	City & State					n Campaign Financing und Contribution		<b>\$5.00</b> Added to		
Zip	Country	Zip	Cour	itry			rporation owes the cu al Property Tax.	rrent year In		□No	
24	0. Name and Address	29 s of Curren: Registered Agent	30				and Address of New	Registered	<del></del>		
		s of Current Registered Agent		81 Nar	ne /	IN C	PANCIS	11091010111			
	FRANCIS S.W. 3RD AVENUE			82 Stre	et Addr	ess (P.O. Bo	Number is Not Acces	table)			
	E 300		F	83	00	1 >100	•	140			
MIAMI FL 33130					L.U	1162	00		<del></del> _		
				84 City		المعمدا		E1	85 Zip C		
44 Dursuunt	to the provisions of Saction	ons 607.0502 and 607.1508, Florida Statut	tes the ah	ove-nam	ed curp	oration submit	s this statement for th	e purpose of	changing its	registered	
SIGNATURE	· · · · · · · · · · · · · · · · · · ·	<del> </del>		Agent signat	ure required	d when reinstating	ANOIGHANGEO TO O	DATE	UD DIDECTO	20 11 42	
TITLE	PSD	FICERS AND DIRECTORS  DELETE	13.	E		ADDITI -	NS/CHANGES TO O	FFICERS AL	Change	Addition	
NAME	LIN, FRANCIS	_ occ	1.2 NA								
STREET ADDRESS	801 S.W. 3RD AVENUE SUTIE 300			1.3 STREET ADDRESS						j	
	MIAMI FL 33130	OL SOIL SO		CITY-ST-ZIP						İ	
TITLE	MIMMI FE 33 130	DELETE	2.1 TITI		+-				Change	Addition	
NAME			2.2 NA								
STREET ADDRESS				EET ADDRE	ss						
CITY-ST-ZIP			2.4 CI	Y-ST-ZIP							
TITLE		☐ DELETE	3.1 TITI	.E		-			Change	Addition :	
NAME			3.2 NA	<b>ME</b>							
STREET ADDRESS			3.3 STF	REET ADDRE	ss						
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP							
TITLE		☐ DELETE	4.1 TITI	E					Change	☐ Addition	
NAME			4. 2 NA	ME							
STREET ADDRESS			4.3 STF	REET ADDRE	ESS						
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP							
TITLE		☐ DELETE	5.1 TIT						Change	☐ Addition	
NAME			5.2 NAJ							1	
STREET ADDRESS				REET ADDRE	ESS						
CITY-ST-ZIP			_	Y-ST-ZIP	<del></del>					- Addition	
TITLE		☐ DELETE	6.1 TITE						☐ Change	Addition	
NAME			6.2 NA								
STREET ADDRESS	l		6.3 STF	REET ADDRE	:55						

14. I heretly certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0'(3)(i), Florida Statutes. I further pertify 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 corper from 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 change(), or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4->6-99 305-88-2992