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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90157 005 ***300.00

1. Corporation	perstar Rend	Tuc,	ð			
Principal Plac	ce of Business	Mailing Address	<u> </u>	-		
	perstar Red Bixare Blod Sung 181 33181	<u>-</u>				
	Kim . Klind Susta	Jo Po Box	172652	DO NOT WRITE IN THIS	SPACE	_
12535	5/16 33 1 8/	Coras So	172652 mmg/F1 330111	3. Date Incorporated or Qualified		
MiAmi	1-44 326 81					4
2. Principal F	Place of Business 5 Biscare Blud	2a. Mailing Address		4. FEI Number 65-0805394	Applied For	-
21 1 3 5 5 Suite, Apt	# atc	Suite, Apt. #, etc.		6)-0803-1/	Not Applicable	$\frac{1}{2}$
22 Suite, Apr	1929	27		5. Certifcate of Status Desired	Fee Required	
City & Sta	to-	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Mia		28		Trust Fund Contribution	Added to Fees	l-
Zip 24 ろろ			Country 30	This corporation owes the current year In Personal Property Tax.	Yes No	
	9. Name and Address of Current		81 Name	10. Name and Address of New Registered	Agent	+
	Lebowitz, Walte	r B	of Name			<u> </u>
	Lebowitz, Walte 12555 Biscape	1510.	82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)		
	Miami, M. 331	1	83			1
	11/2 Amy / [-1, 3,1	°J	84 City	FL	. 85 Zip Code	1
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corpo	oration submits this statement for the purpose of	changing its registered	1
office or i agent. I a	registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change was au ons of, Section 607.0505, Flor	ithorized by the corporationida Statutes.	n's board of directors. I hereby accept the appoint	intment as registered	
SIGNATURE				,		ļ
	Signature, typed or printed name of registered agent		Registered Agent signature required		ND DIRECTORS IN 12	(86
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature required 13. 1.1 TITLE	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	11/98)
12.	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS DELETE	13.			34 (11/98)
12.	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS DELETE	13. 1.1 TITLE			
12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD Frances (Helene)	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME			R2F034 (11/98)
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS DELETE RIJON #924 181	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PO Frances (Helul 12557 345 cm Wiani, Fla 33	DIRECTORS DELETE RIJON #924 181	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition	
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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 of all attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR