## 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 #

## **FILED** Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90012 018 \*\*\*150.00

Principal Place 133 ARA  Principal Place 133 ARAGON A CORAL GABLES	GON CORP.  e of Business VENUE	Mailing Address 133 ARAGON AVENUE CORAL GABLES FL 33134			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  01/14/1998  4. FEI Number  Applie	ed For
21 26			· · · · · · · · · · · · · · · · · · ·		3 - 3 - 57 - 7	pplicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired : Fee Requ	
City & State	ity & State City & State		<u> </u>		6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to F	
Zip <b>24</b>	Country Zip  25 29 30		Country  0		8. This corporation owes the current year Intangible Personal Property Tax.	No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered Agent	
ROTI	HLEIN, JAY ESQ.					
930 WASHINGTON AVENUE			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
SUITE 209			83			
MIAMI BEACH FL 33139			84 City		FL 85 Zip Cox	de e
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statutes.	the above	e-named co	progration submits this statement for the purpose of changing its rec	gistered
l office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Such change was auth	orized by	the corpora	ation's board of directors. I hereby accept the appointment as regis	tered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE, Re	gistered Agen	t signature requ	uired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	☐ DELETE	1.1 TITLE		Change	Addition
NAME	FALCON, ERROL		1.2 NAME			ļ
STREET ADDRESS	133 ARAGON AVENUE	9	1.3 STREET	ŀ		
CITY-ST-ZIP	CORAL GABLES FL 33134 SD		1.4 CITY-ST 2.1 TITLE	1-2112	Change	Addition
NAME	ROTHLEIN, ALANA		2.2 NAME		<u>-</u> ,	
STREET ADDRESS	HOTTIELIN, ALANA		2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY-S	- 1	<u></u>	
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME		<u>.</u>	
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	DA	T Addition
TITLE			4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET			Į
CITY-ST-ZIP			4.4 CITY-51	1-ZIP	Change	Addition
TITLE			5.1 TITLE 5.2 NAME		·	
NAME			5.3 STREET	ADDRESS	•	
STREET ADDRESS	S		5.4 CITY-S			ļ
TITLE			6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME		_ ·	
STREET ADDRESS			6.3 STREET	ADDRESS		j
CITY-ST-ZIP			6.4 CITY-ST	T-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 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 afterior entire that I am an address, with all other like empowered.

SIGNATURE: