FILED

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000005581
4 Corporation Name	. 00000000

DOCUMENT # P9800005581 1. COTPORTATION NAME PRIMARY GENPAR, INC. (PALM SPRINGS)				99 MAR 23 PM SEUNL TARY OF S		
Principal Place of Business Mailing Address 1840 WEST 49TH STREET 1840 WEST 49TH STREET SUITE 700 SUITE 700 HALEAH FL 33012 HIALEAH FL 33012			DO NOT WRITE IN THIS SP	PACE		
	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 01/20/1998 4. FET Number	Applied For	
Suite, Apt	#, etc.	26 Suite, Apt. #, etc 27		65-0806736 5. Certificate of Status Desired [.]	\$8.75 Additional Fee Required	
City & State 23 Zip	e Country	City & State 28 Zip	Country	6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intang	\$5.00 May Be Added to Fees	
24	25 9. Name and Address of Cur	29	[30]	Personal Property Tax 10. Name and Address of New Registered Age	Yes XNo	
IGLESIAS, JOANNA 1221 BRICKELL AVENUE MIAMI FL 33131 81 Name SCOTT A: S1L VER Street Address (P.O. Box Number is Not Acceptable) 1110 BRICKELL AVENUE 83 FENTHOUSE # 1 84 City MIAMI FL 85 Zip Code 32131						
11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both to the State of Florida. Such change was authorized by the corporation's heard of directors. It hereby accept the appointment as registered agent. I am familiar with, an accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE						
12.		agent a fetter if approachie (NOTE AND DIRECTORS	Registered Agend's greature requirements	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12	
TITLE	D	[DELETE	t.t τιπ.ε	and the second s	Change [] Addition	
NAME STREET ADDRESS	WEISS, BRADLEY S 1001 BRICKELL BAY DRIVE MIAMI FL 33131	- 12TH FLOOR	110 0 11 12 1 1 7 12 12 1 12 1	1840 WEST 49th STREET SUIT	700	
TITLE NAME STREET ADDRESS	MINITE SO 131	□) DECETE	14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET LADDRESS		Change Addition C	
CITY-ST-ZIP TITLE NAME		[] DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	t. 4000028154 -03/23/99010	Change []Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME		[] DELETE	33 STREET ADDRESS 34 CITY-\$1-ZIP 41 TITLE 4 2 NAME	****150.00	####150,00 Change []Addton	
STREET ADORESS CITY-ST-ZIP TITLE		[] DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change [] Addition	
STREET ADDRESS CITY-ST-ZIP TITLE		[] DELETE	53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE			
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	_	16/23/	

14. Thereby 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 logal effect as if made under oath; that I am an officer or director of the corporation of 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 an attachment with an address, with all other like empowered.