02191999-90146-038-\$150.00-\$150.00

## 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

## FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90146 038 \*\*\*150.00

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, capaida	MENT # P98000 IUM MANAGEMENT INTERN					
Defeate at Pice	to of Business	Mailing Address		—Í r (Bailda) inn fbiri (Birl \$bill abirl abirl abirl (birl)	DR301   F0 00 THT  40  5 100)	
Principal Place of Business 1717 N. BAYSHORE DRIVE SUITE 211 MIAM FL 33132		Mailing Address 1717 N. BAYSHORE DRIVE SUITE 211 MIAMI FL 33132		DO NOT WRITE IN THIS SPA	<b>ACE</b>	
MINIMI FL 3313	12	WIPANI FL 33132				
				3. Date Incorporated or Qualifed 01/20/1998		
2. Principal Place of Business 2a. Mailing Address				4, FEI Number	Applied For	
21 /7/7	N. SAYSHORE DRIVE	26 1717 N.BAYSH	ORE DRIVE	APPLIED FOR	Not Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc./		5. Certificate of Status Desired		
City & Sta		City & State		6, Election Campaign Financing	\$5.00 May Be	
23 MiAni FL.		28 M/Ami FL Zip Country		Trust Fund Contribution	Added to Fees	
Zip 24 33/3	Country  25 U.S. A	— 'An.na —	1 (1 (4	8. This corporation owes the current year Intangi	ble Yes 125No	
24 33/3			1 00%	Personal Property Tax.  10. Name and Address of New Registered Age		
	9. Name and Address of Current	кайганыя Адецт	81 Name	IU. Haile sill Address of Hew Kagistered Age		
GRAHAM, GEORGE JR.						
1717 N. BAYSHORE DRIVE			82 Street Adda	Address (P.O. Box Number is Not Acceptable)		
OUTT Ada			<u> </u>			
SUITE 211 [83] MIAMI FL 33132			83	,		
PARA	MI FL 33132		84 City	8	S Zip Code	
				FLi	·	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corp	oration submits this statement for the purpose of char on's board of directors. I hereby accept the appointment	nging its registered	
omce or i	regratered agent, or both, in the State o im familiar with, and accept the Obligati	ons of, Section 607.0505, Florida	Statutes.	on a board of directors, I nelectly accept the appointme	ani as registereo	
SIGNATURE	, ,					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	stered Agent signelare require	d when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND D		
TILE	D	☐ DELETE	1.1 TITLE		Change Addition 🗧	
NAME	Graham, George Jr.		1.2 NAME		8	
STREET ADDRESS	ESS 1717 N. BAYSHORE DRIVE SUITE 211 1.3 ST		1.3 STREET ADDRESS		lä	
CITY-ST-ZIP	MIAMI FL 33132		14 CMY-ST-ZIP	. •	<del>Z</del>	
TITLE		☐ DELETE	2.1 TITLE		Change □ Addition ♂	
NAME	}		22 NAME	•	:	
STREET ADORESS			2.3 STREET ADDRESS		1	
CITY-ST-ZIP			2.4 CTY-ST-ZIP			
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NAME			32NAME		ļ	
STREET ADDRESS		1	3.3 STREET ADDRESS	$T^{**}$	· <del>-</del> ·	
CITY-ST-ZIP			3.4. CiTy-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME		₹ ·	4.2 NAME	_	• =	
STREET ADDRESS		Ĭ	4.3 STREET ADDRESS		1	
		i	4.4 CITY-ST-ZIP		ľ	
TITLE		☐ DELETE	5.1 TITLE	,	Change Addition	
			52 NAME			
NAME		ľ	5 3 STREET ADDRESS	•		
STREET ADDRESS			5.4 CITY-ST-ZIP		} '	
CITY-ST-ZIP		D DELETE	5.4 CHY-ST-ZIP 6.1 TITLE		hanna D Addition	
ITILE		☐ DELETE		U,	Change	
NAME		1	8.2 NAME		J	
	ĺ					
STREET ADDRESS			6.3 STREET ADDRESS			

14. 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 attagrament with an address, with all other like empowered.

SIGNATURE:

TO NOTE OF SIGNING OFFICER OF DIRECTOR DATE OF SIGNING OFFICER OF DIRECTOR DATE OF SIGNING OFFICER OF DIRECTOR