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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000011292

1. Corporation Name

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90026 047 ***150.00

ISAAC ASSUCIATES, INC.	•				
	Mailing Address		—[1111
Principal Place of Business	Mailing Address				
7130 SW 5TH STREET PEMBROKE PINES FL 33023	7130 SW 5TH STREET PEMBROKE PINES FL 33023	1	DO NOT WRITE IN T	HIS SPACE	
-	_		3. Date Incorporated or Qualified		=======================================
			02/03/1998		ľ
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	App	lied For
21	26		(05.0817453	Not	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Ac	dditional
22	27		5. Certifcate of Status Desired	Fee Req	uired
City & State	City & State		6. Election Campaign Financing	\$5.00 N	May Be
23	28		Trust Fund Contribution	Added to	Fees
Zip Country	Zip	Country	8. This corporation owes the current year		-
24 25		30	Personal Property Tax.		□No
9. Name and Address of Curre	nt Registered Agent	94 1	10. Name and Address of New Register	ed Agent	
COTINE OF BEDT		81 Name	MIKEL TSOAC		
ESTIME, GILBERT		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
444 BRICKELL AVE.					
SUITE 51-221		83 7120	OW. W. SSTREET		1
MIAMI FL 33131		84 City	- (1)	85 Zip C	ode
		Er	MBROKE YINES		1025
11. Pursuant to the provisions of Sections 207.050	02 an 607.1508, Florida Statutes	s, the above-named corporation	poration submits this statement for the purposion's board of directors. Thereby accept the a	e or changing its r pointment as regi	egistered istered
office or registered book for hom in the State	or Mantida Such change was au				
office or registered/ageb, or both. In the State agent. I am familiar with and acceptance obligations.	ations of, Section 607.0505, Flori	da Statutes.	alul	a	
Pursuant to the provisions of Sections (07.050 office or registered agent or both; in the State agent. I am familiar with authorized the obligations of the section of	INUUL		2/4/	99	
SIGNATURE Signature, typed or printed name of registered age	ent and title if applicable. (NOTE. F	Registered Agent signature required	id when reinstating) LATE	71	
SIGNATURE Signature, typed or printed name of registered age 12. OFFICERS AT	ent and title if applicable. (NOTE. F	Registered Agent signature required	2/4/	AND DIRECTOR	
SIGNATURE Signature, typed or printed name of registered age 12. OFFICERS AT TITLE P	ent and title if applicable. (NOTE. F	Registered Agent signature requirer 13. 1.1 TITLE	id when reinstating) LATE	71	RS IN 12
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14. I hereby certify that the information supplied with this filing ploes 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 regelver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the co an address, with all other like empowered.

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #