## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## May 07, 1999 8:00 am Secretary of State 05-07-1999 90139 038 \*\*\*150.00 **Katherine Harris** Secretary of State

**FILED** 

DOCUI  1. Corporation  JVN TAX		012900				
Principal Place	of Business	Mailing Address				0181 11910 11010 10111 00111 0011 1001
198 NW 79TH ST. 198 NW 79TH ST.						
MIAMI FL 33150 MIAMI FL 33150						
					DO NOT WRITE IN THE	HIS SPACE
i					3. Date Incorporated or Qualifed	
Principal Place of Business     2a. Mailing Address					02/09/1998 4. FEI Number	
21 26					65-0827296	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & State City & State			<del></del>		6. Election Campaign Financing	\$5.00 May Be
28 28					Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	
24	25		30		Personal Property Tax.	Yes XNo
<del></del> _	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Register	ed Agent
LUB	IN, JOEL		82			
198 NW 79TH ST.				Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33150			83			
i			84	City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-na office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered agent OFFICERS ANI		Registered Agen	t signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DP CHICERS AND	DELETE	1.1 TITLE		7,55(110,10,10,10,10,10,10,10,10,10,10,10,10,	☐ Change ☐ Addition
NAME	NADLER, STEVE		1.2 NAME	ļ		
STREET ADDRESS	OOF DAILEY DD		1.3 STREET	ADDRESS		
CITY-ST-ZIP	DIVERDALE NI 07676		1.4 CITY - S	T-ZIP		
MILE			2.1 TITLE			☐ Change ☐ Addition
NAME	2.		2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2.4 CITY-S	T-ZIP		
TITLE	☐ DELETÉ		3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			33 STREET	1		
CITY-ST-ZIP		DELETE	3.4. CITY-S 4.1 TITLE	IT-ZIP		Change Addition
TITLE NAME			4.1 HILE			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S			
TITLE	<del></del>	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	•		5.2 NAME	}		•
STREET ADDRESS	t		5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-\$*	T-ZIP		
TITLE		☐ DELETE	61 TITLE		<del></del>	☐ Change ☐ Addition
NAME			6.2 NAME			
STALL TARREST			6.3 STREET	i		
CITY, ST. 7IP			6.4 CITY-S1	T-ZIP		1

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 attachment with an address, with all other like empowered.

SIGNATURE: