PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State 03-02-1999 90179 030 ***150.00

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| | ~ | | | DO NOT WRITE IN THI | IS SPACE | |
| | | • | | 3: Date Incorporated or Qualifed | | Ì |
| | | | | 02/11/1998 | | |
| 2. Principal P | Place of Business | 2a. Mailing Address | 152 St | 4: FEI Number P2 9407 | | Applicable |
| 21 / 5 / | 274/5251 | Suite, Apt. #, etc. | (3 2 51 | 05-01-1101 | \$8.75 Ad | |
| Stille, Apt. | 760 | 127 # 364 | \ | 5. Certificate of Status Desired | Fee Requ | |
| City & City | 50 | City & State | *- | 6. Election Campaign Financing | _ \$5.00 м | av Be |
| 23 Mone / 28 Main | | | 17 | Trust Fund Contribution | Added to | |
| Zip, 2 | Country | Zip | Country | 8. This corporation owes the current year to | | |
| 1 كرك 124 | /// 25 4 | 29 3 3 7 7 3 | | Personal Property Tax. | |]No |
| | g. Name and Address of Curren | t Registered Agent | 81 Name | 10. Name and Address of New Registere | a Agent | |
| AMF | ERILAWYER | | ELIC | | | |
| | ALMERIA AVENUE | | 82 Street Ade | dress (P.O. Box Number is Not Acceptable) | 1111 | - \ |
| | RAL GABLES FL 33134 | | 83 | 1JW 13 EUT 7 3 | 67 | |
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| | | | 84 City | rami | 85 ZP.SO | プラー |
| 11, Pursuant | to the amulsions of Sections 607 050 | 2 and 607 1508 Florida Statutes | | | of changing its re | gistered |
| | | 2 810 007.1000, 1 0100 0101010 | | tion's board of directors. I bomby account the pro- | cintment as regis | riered i |
| office or a agent. I a SIGNATURE | | - FRIC | . NA/CI | rporation submits this statement for the purpose of tion's board of directors. I hereby accept the app | cintment as regis | |
| SIGNATURE | Signature, typed or printed name-of-registered age | - FRIC | norized by the corporation Statutes. N//-/ C// epistered Agent signature requi | m)/ 1/// | MD DIRECTOR | |
| (| Signature, typed or printed name-of-registered age | nt and title if applicable. (NOTE: R | MIT CI | (PY) () / DATE: | 7/ | |
| SIGNATURE | Signature, typed or pointed nember registered ages | TRIC Int and title if applicable. (NOTE: R | mistered Agent signature requi | (PY) () / DATE: | MD DIRECTOR | |
| SIGNATURE 12. TITLE | Signature, speed of printed number of printed speed of printed number of printed speed of p | nt and site if applicable. (NOTE: R) ID DIRECTORS | opinioned Agent argnessure requi | (PY) () / DATE: | MD DIRECTOR | |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR