PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 11, 1999 8:00 am Secretary of State

05-11-1999 90048 030 ***150.00

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1999 DIVISION OF CORPORATIONS							
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Principal Place of Business Mailing Address							
1228 WEST AVE #705 1228 WEST AVE #705 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139							
WINNI DENOIT	FL 33133	WITHIN DETICIT 12 00100			DO NOT WRITE IN THIS	SPACE	
ı					3. Date Incorporated or Qualifed 02/16/1998		
Principal Place of Business 2a. Mailing Address					4. FEI Number	١ ٢	plied For
21 26					102-08428		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 / Fee Re	
27 27 City & State City & State					6. Election Campaign Financing		May Be
23		28	-	-	Trust Fund Contribution		to Fees
Zip	Country	Zip	Count	try	8. This corporation owes the current year In		
24	25		30		Personal Property Tax.	Yes	□No
····	9. Name and Address of Cur	rent Registered Agent		31 Name	10. Name and Address of New Registered	Agent	
RAK	, KIMBERLY		L				
1228 WEST AVE #705				Street Add	tress (P.O. Box Number is Not Acceptable)		Į
MIAMI BEACH FL 33139			8	33			
			l.	14 City		85 Zip	Code
				· ·	<u> </u>	_	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	s, the abo	ove-named corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the apport	f changing its intment as re	registered } gistered
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505, Flori	da Statut	BS.	ion's board of directors. I hereby accept the appo		•
SIGNATURE	Signature, typed or printed name of registered	(AICTE:	Countried A	agest suppositions referred	red when reinstaking) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
TITLE	D	☐ OELETÉ 1.1 T				Change	☐ Addition
NAME	rak, Kimberly	12NA		1			
STREET ADDRESS	1220 1120 1112 1112			EET ADDRESS			1
CITY-ST-ZIP	MIAMI BEACH FL 33139			-51-ZIP		[] Change	Addition
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NAME			32 NAM	I .			į
- STREET ADDRESS				EET ADDRESS -			
CITY-ST-ZIP		☐ DELETE	_	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
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NAME				EET ADORESS			
STREET ADDRESS CITY-ST-ZIP			4.4 CITY				
TITLE		☐ DELETE	5.1 TITL			Change	☐ Addition
NAME			5.2 NAM				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		- Doctor	5.4 CITY 6.1 TITUE			☐ Change	Addition
MILE	1 % 1 % 1 % 1 % 1 % 1 % 1 % 1 % 1 % 1 %	☐ DELETE	6.2 NAM			ى ⇔سىبود	
NAME .				ET ADDRESS			
STREET ADDRESS	, .		6.4 C/TY				

14. Thereby certify that the information supplied with this filing does not qualify for 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 perture end 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 oc.the receiver or trustee empowered to execute this report as required by Chapter 807. 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.

ER OR DIRECTOR