Applied For

Fee Required

Not Applicable \$8.75 Additional

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

DOCUMENT # P98000016101

1. Corporation Name

Suite, Apt. #, etc.

SIGNATURE:

RANDMARK ENTERPRISES, INC.

| Principal Place of Business | Mailing Address | | |
|---|---|--|--|
| 13899 BISCAYNE BLVD SUITE 404 MIAMI FL 33181 | 13899 BISCAYNE BLVD SUITE 404 MIAMI FL 33181 | | |
| Principal Place of Business | 2a. Mailing Address | | |

27

Suite, Apt. #, etc.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90132 010 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

02/18/1998

4. FEI Number

| City & State | | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
|---|---|----------------------|---|--------------------------|--------------------|---|---|--------------------------------|----------------------|--|
| 23 Zip | Country | 20 | Zip | Countr | ry | | 8. This corporation owes the current year Inta | ngible | | |
| 24 | 25 | 29 | , · _ | 0 | • | | Personal Property Tax. | | □No | |
| | g, Name and Address of Curren | | istered Agent | | | - | 10. Name and Address of New Registered A | \gent | | |
| | | | | 8. | 1 | Name | | | | |
| LIPSON, STUART A ESQ 13899 BISCAYNE BLVD SUITE 404 MIAMI FL 33181 | | | | | 82 Street Add | | ess (P.O. Box Number is Not Acceptable) | | | |
| | | | | | ۱ | Silect Address (1.0. Box Hallion to Not Noodplassy) | | | | |
| | | | | | 3 | | | | | |
| | | | | | 4 | Cit. | | 85 Zip C | ode | |
| | | | | 84 | | City | FL | | | |
| office or t | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Flor | ida. Such change was aut | nonzea o | yın | named corpo ne corporatio | oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin | changing its i tment as reg | egistered istered | |
| SIGNATURE | Signature, typed or printed name of registered agei | nt and title | e if applicable (NOTE: F | Registered Agr | jent s | signature required | 1 when reinstating) DATE | | | |
| 12. | OFFICERS AN | | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTO | RS IN 12 | |
| TITLE | D | | DELETE | 1.1 TITLE | | | | Change | ☐ Addition | |
| NAME | MARKOWITZ, ISAAC | | | | 1.2 NAME | | | | | |
| STREET ADDRESS | AGOOD BIGGOVINE BLUD OURTE AGA | | | | 1.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | MIAMI FL 33181 | | | 1.4 CITY- | ST- | ZIP | | | | |
| TITLE | | - | ☐ DELETE | 2.1 TITLE | : | | | Change | ☐ Addition | |
| NAME | | | | 2.2 NAME | Ē | | | | | |
| STREET ADDRESS | | | | 2.3 STRE | ETA | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 2. 4 CITY- | -ST- | - ZIP | | | | |
| TITLE | | | ☐ DELETE | 3.1 TITLE | | | | Change | Addition | |
| NAME | | | | 3.2 NAME | Ē | | | | | |
| STREET ADDRESS | | | | 3 3 STRE | ETA | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 3.4. CITY- | -ST- | -ZIP | | | | |
| TITLE | | | ☐ DELETE | 4.1 TITLE | | | | [] Change | ☐ Addition | |
| NAME | | | | 4, 2 NAME | Ε | ļ | | | | |
| STREET ADDRESS | | | | 4.3 STRE | ETA | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 4.4 CITY- | st- | ZIP | | | | |
| TITLE | | | ☐ DELETE | 5.1 TITLE | | | | [] Change | Addition | |
| NAME | | | | 5.2 NAME | Ξ. | | | | | |
| STREET ADDRESS | | | | 53 STRE | ETA | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 5.4 CITY- | | ZIP | | | | |
| TITLE | | | ☐ DELETE | 6.1 TITLE | | | | D Change | ☐ Addition | |
| NAME | | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | | 6.3 STRE | EΤΑ | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 6.4 CITY- | | T T | | | | |
| indicated officer or | on this annual report or supplements | ıl annu: eiver or | al report is true and accura r trustee empowered to ex | ate and th ecute this | nat r i rep | my signature port as requi | Section 119.07(3)(i), Florida Statutes. I further cert e shall have the same legal effect as if made unde ired by Chapter 607, Florida Statutes; and that m | y name appe | ars in | |