| COR | PROFIT RPORATION JAL REPORT 1999 | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | | | | | |
|---|--|---|---|--|---|---------------------------------------|--|--------------------------------------|---|
| T, Corporation | | | 8438 | | | • | | | |
| TITANIC | ENTERPRISES IN | C. | | | | | | 21 (1881) (881) \$188) | 191 0 0 (0 2) (199) |
| | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | Proceduration | 1 117 84 (18 4) + 0 8) | |
| 14924 SW 90TH | | | 924 SW 90TH TERRACE AMI FL 33196 | | | | | | |
| MIAMI FL 3319 | U | WH I | HMI FL 33130 | | | | DO NOT WRITE IN TH | IS SPACE | |
| | | | | | • | | 3. Date Incorporated or Qualified 02/25/1998 | | |
| - ' | lace of Business | Za. 26 | Mailing Address | | | | 4. FEI Number 07406/9 | | pplied For ot Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | _ | 5. Certificate of Status Desired | - | Additional |
| 22 City & State | 0 | 27 | City & State | | | | _6, Election Campaign Financing | \$5.00 | |
| 23 | | 28 | | | | | Trust Fund Contribution | -Added | to Fees - |
| Zip 24 | Country 25 | 29 | Zlp 3 | Cou | ntry | | This corporation owes the current year I Personal Property Tax. | ntangible | □No |
| <u> </u> | 9. Name and Addre | | | | | | 10. Name and Address of New Registers | d Agent | |
| KAD | LOW, HERBERT | | | | 81 Nam | | | | |
| | NE 39 STREET | | | | 82 Stree | t Addre | ss (P.O. Box Number is Not Acceptable) | | 1 |
| MIAN | VI FL 33137 | | • | | 83 | | | | |
| | | | | | 84 City | | | 85 Zip (| Code |
| | | | O7 4509 Florido Statutas | n the e | | d corno | Forting submits this statement for the oursess | of changing its | registered |
| 11. Pursuant | to the provisions of Sect | ions 607.0002 and a in the State of Floric | dr. 1508, Florida Statutes | 3, u e a | DUVEN MINE | սաբա | Ideal agains all agreement to the perpose | ointment as ea | alatamad |
| Office or r | - families with and coor | ent the obligations of | a. Such Change was sui Section 607 0505, Florid | inorizec da Stati | ides | poration | n's board of directors. I hereby accept the app | CHILITICIA 65 16 | gistered |
| | m familiar with, and acce | ept the obligations of | , Section 607.0505, Florid | da Stati | i by the cor ules. | poration | ration submits this statement for the purpose is board of directors. I hereby accept the app | | gistered |
| SIGNATURE | Signature, typed or printed name | of registered agent and ide | if applicable. (NOTE: F | (egistered | | | when reinstating) DATE | | |
| SIGNATURE | Signature, typed or printed name | | if applicable. (NOTE: F | | Agent signature | | | | |
| SIGNATURE | Signature, typed or printed name | of registered agent and ide | If applicable. (NOTE: F | tegistered | Agent signatur | | when reinstating) DATE | ND DIRECTO | |
| SIGNATURE 12. TITLE | Signature, typed or printed name OF PD CUESTA, JOSE 14924 SW 90TH TE | of registered agent and lide FFICERS AND DIRE | If applicable. (NOTE: F | 13. 1.1 TI 1.2 N/ 1.3 ST | Agent signatur TLE NME REET ADDRES | beniupen e | when reinstating) DATE | ND DIRECTO | |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name O PD CUESTA, JOSE | of registered agent and lide FFICERS AND DIRE | if applicable. (NOTE: F CTORS | 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 Cf | Agent signaturi | beniupen e | when reinstating) DATE | ND DIRECTO | RS IN 12 |
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| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name OF PD CUESTA, JOSE 14924 SW 90TH TE | of registered agent and lide FFICERS AND DIRE | if applicable. (NOTE: F CTORS | 13. 1.1 TI 12 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV | Agent signature TLE TAME TREET ADDRES TY-ST-ZIP | s required | when reinstating) DATE | AND DIRECTO | PRS IN 12 |
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