

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

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90089 005 \*\*\*158.75

DOCUMENT # P98000018679

1. Corporation Name

BLACKWIND, INC.

Principal Place of Business

Mailing Address

% C/O RICHARDS, ATTORNEYS  
AT LAW  
2665 SOUTH BAYSHORE DR.  
SUITE 703  
MIAMI, FL 33131

C/O RICHARDS, ATTORNEYS  
AT LAW  
2665 SOUTH BAYSHORE DR.  
SUITE 703  
MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified

02/26/1998

2. Principal Place of Business

2a. Mailing Address

21 7911 NW 21st STREET

26 MIAMI, FL 33133

4. FEI Number

Applied For

65-0829398

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23 MIAMI, FLORIDA

28

Zip Country

Zip Country

24 33122 25 USA

29 30

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDS, TIMOTHY D ESQ.  
% C/O RICHARDS, ATTORNEYS AT LAW  
2665 SOUTH BAYSHORE DRIVE, SUITE 703  
MIAMI, FLORIDA. 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
AS	TIMOTHY D RICHARDS	2665 SOUTH BAYSHORE DR. SUITE 703	MIAMI, FL. 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DPS	JAIME PEISACH	7911 NW 21st STREET	MIAMI, FLORIDA 33122	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DVPT	CHERYL PEISACH	7911 NW 21st STREET	MIAMI, FLORIDA 33122	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

CR2E034 (11/98)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIME PEISACH, PRESIDENT

Date

04/28/99

Daytime Phone #