



PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 09, 1999 8:00 am**  
**Secretary of State**

06-09-1999 90023 034 \*\*\*550.00

**DOCUMENT # P98000020106**

1. Corporation Name

**CLAVE CORPORATION**

## Principal Place of Business

1808 BIARRITZ DRIVE  
MIAMI BEACH FL 33141

## Mailing Address

1808 BIARRITZ DRIVE  
MIAMI BEACH FL 33141

## 2. Principal Place of Business

21 **1745 BIARRITZ DR.**

Suite, Apt. #, etc.

## 2a. Mailing Address

26 **1745 BIARRITZ DR.**

Suite, Apt. #, etc.

22 **27**

## City &amp; State

23 **MIAMI BEACH, FL**

## City &amp; State

28 **MIAMI BEACH, FL**

24 **25**

## Zip

24 **33141**

## Country

25 **U.S.A.**

29 **33141** 30 **U.S.A.**

## 9. Name and Address of Current Registered Agent

ZAK, CYNTHIA  
1808 BIARRITZ DRIVE  
MIAMI BEACH FL 33141

## 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	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAK, CYNTHIA		1.2 NAME	
STREET ADDRESS	1808 BIARRITZ DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUEVARA, IRA		2.2 NAME	
STREET ADDRESS	1808 BIARRITZ DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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: *Cynthia Z.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/99 (305) 8669033

Date Daytime Phone #

CR2E034 (1198)