PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jun 29, 1999 8:00 am Secretary of State

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16450 N.W. 2ND AVENUE 16450 NW 2ND AVENUE MIAMI FL 33169 MIAMI FL 33169						1		
	•	Minary I E 99140				DO NOT WRITE IN TH	IS SPACE	
l						3. Date Incorporated or Qualifed		
2 Principal P	Tace of Business	2a. Mailing Address				03/05/1998 4. FE! Number		plied For
21	TOO OF DOSHINGS	26	······			65-0822284	/ N	ot Applical
Suite, Apt.	#, etc. '	Suite, Apt. #, etc.				5, Certificate of Status Desired		Additional
22 ~		27	<u></u>					equired
City & Stat	te	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 !Added.e:::	May Be
Zip				ry		8. This corporation owes the current year I		
24	25 29 3		30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent		11 N	ame	10. Name and Address of New Registere	d Agent	
NUE	ESTEIN, CHARLES L ESO		Ĺ	_				
420 UNCOLN ROAD, SUITE 600				12 SI	ireet Addr	ress (P.O. Box Number is Not Acceptable)		
MIAI	MI BEACH FL 33139		ē	3				
•			1	A CI	itv		85 Zip (Code
				,	-	F	1 1 1	alatata
11. Pursuant office or r	to the provisions of Sections 607.050, registered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida. Such change was a	tes, the abo authorized b	we-na y the	med corp corporatio	oration submits this statement for the purpose on a board of directors. I hereby accept the appropriate the purpose of the pur	ar changing its Sintment as re	gistered gistered
	im familiar with, and accept the obliga-	tions of, Section 607.0505, Fig	orida Statuli	9 5 .				
SIGNATURE	Signature, typed or printed name of registered agen	n and little if applicable. (NOT	E; Registered A	ent sign	ature require	d when rematating) DAYE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
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NAME			B.2 NAME					
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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 cath; that I am an officer or director of the corporation or the roceiver 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 organ glackment with an address, with all other like empowered.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNAMS OFFICER OF DIRECTOR OF

Daytime Phone #