Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90124 029 ***150.00

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 # P98000026829

1. Corporation Name

CTTT KANGAG CITY INC

CITI NANOAO CITI, INC.									
Pr	Principal Place of Business Mailing Address						- I (Laiteat tie laidt tätit abilt servi abilt a		
3250 MARY STREET #203 3250 MARY STREET #203 MIAMI FL 33133 MIAMI FL 33133							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed 03/23/1998		
2.	Principal Place of Business 2a. Mailing Address 26						4. FEI Number Applied For 65-0853539 Not Applicable		
22	Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required		
23	City & State				-		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
24	Zip	Country	Zip	Count	Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
24	9. Name and Address of Current Re			 		10. Name and Address of New Registered Agent			
SCHATZ, RICHARD E 2200 MUSEUM TOWER 150 WEST FLAGLER STREET					B1	Name			
					82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
					83				
	MIAMI FL 33130					84 City FL 85 Zip Code			
	office of re agent. I ar	to the provisions of Sections 607.05 sgistered agent, or both, in the State in familiar with, and accept the oblight Signature, typed or printed name of registered ag	e of Florida. Such change was au jations of, Section 607.0505, Flori	tnorized i da Statut	es.	-named corpo he corporation signature required	oration submits this statement for the purpose of changing its registered in s board of directors. I hereby accept the appointment as registered		
12. OFFICERS AND DIRECTORS				13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT				
TII		D	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition		
NA	ME	WEISER, BRADLEY A		1.2 NAME					
ST	REET ADDRESS	AAAA AAAAA AAAAAAAA			EET /	ADORESS	•		
cr	ry-ST-ZIP	1 W 1 W 1 W 1 W 1 W 1 W 1 W 1 W 1 W 1 W			r-st-	-ZIP			
-	LE LE		☐ DELETE	2.1 TITLE			Change Addition		
N/A	ME	2.2		2.2 NAW	Æ		•		
ST	REET ADDRESS			2.3 STR	EET	ADDRESS			
ÇГ	TY-ST-ZIP			2. 4 CIT		r-ZIP	Change Addition		
Ti	TE	_			3.1 TITLE		Clarige Li Addition		
N/	ME				3.2 NAME				
ST	STREET ADDRESS			3.3 STREET ADDRESS					
-	TY-ST-ZIP			_	3.4. CITY-ST-ZIP		☐ Change ☐ Addition		
III,E									
-	ME			4. 2 NA		ADDRESS			
1	REET ADDRESS	: !							
-	TY-ST-ZIP	·	∏ DELETE	4.4 CITY 5.1 TITL		-217	☐ Change ☐ Addition		
IF	n.e		C Dett 15	5.1 IIIL					

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 supplied natural 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 me 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, as on an atlachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

5.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

305-461<u>-2228</u>

Change

☐ Addition