PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000033720

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Principal Pla	ce of Business	Mailing Address			- I T eb rikaan ora danan sassi aanin s	(\$11) BBOSC ABIM	A GILLA BASSI SERTA I	PARE MALE (MA)
•	AND ROAD, #221	5 S. PINE ISLAND ROAD. #	221					
	NTATION FL 33324 PLANTATION FL 33324				DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifer			
					04/10/1998			
2. Principal	Place of Business	2a. Maiting Address			4 FEI Number	200111	Api	lied For
21		26			65-08	324		Applicable
Suite, Ap	l. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Rei	
22 Sib. 4 Sid		City & State			6. Election Campaign Financing		\$5.00	
City & Sta	3.05	28			Trust Fund Contribution	' 🗇 .	Added to	
Zip	Country	Zip	Count	try	== =8.=This corporation owes the cu	rront year Ir	tang!ble	
24	[25]		30		Personal Property Tax.			ZiNo
	9. Name and Address of Current	Registered Agent		Name .	10. Name and Address of New		Agent	
1.01	NIZ. ALBERICO)°	Name	MUDIZ ABERC	10		
	INIZ, ALBERICO S. PINE ISLAND ROAD. #221		8	32 Street Addi	ress (P.O. Box Number is Not Accep	table)		
	ANTATION FL 33324		\ Fa	33				
			L					- 44
	it to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute Florida, Such change was au one of Section 607 0505. Flori	- 1	B4 City Dive-named comp by the corporations	poration submits this statement for the	FI e purpose o ept the appo		
	it to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation		s, the abo thorized t de Statut	ove-named composition to the corporations.			_ ' ' '	
11. Pursuar office or agent. I SIGNATURI	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	s, the abo thorized t de Statut			e purpose o ept the appo	f changing its i	registered Istered
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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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CiTY-ST-ZIP

CFTY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAIG OFFICER OF MIRECTOR

DELETE

☐ Addition

Change

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90138 043 ***150.00