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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90056 028 \*\*\*150.00

1. Corporation	n Name	0-10 120		`			
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Principal Place	a of Business	Mailing Address					
1523 WASHINGTON AVENUE 1523 WASHINGTON AVENUE							
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139				DO NOT WRITE IN TH	IIS SPACE		
{							
ļ				3. Date Incorporated or Qualified		1	
				05/29/1998		F-4 5	
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number		lied For	
21	_	26		69-0841971		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22		27			Fee Re	quirea	
City & Stat	19	City & State		6. Election Campaign.Financing	<b> \$5.00</b>	May Be	
23		28		Trust Fund Contribution	'Added t	Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year	intangible -	[-	
24	25	29 3	.o	Personal Property Tax.	Yes	□No	
	9. Name and Address of Current			10. Name and Address of New Registers	d Agent		
			81 Name				
GOF	RFINKEL, NESTOR ESQUIRE		<u> </u>	ISSIAM GERSITAN	<u> </u>		
1111 KANE CONCOURSE #401			82 Street Ad	dress (P.O. Box Number la Not Acceptable)	) 4.	<i>ic</i>	
	HARBOR ISLANDS FL 33154		83	1212 MA 3 4 1 4 6 4	<del>~~```````</del>		
ואס	MANDON ISLANDO I'L 33134		83				
			84 City		85 Zip C	ode	
}			1 I Marie	IAM BEASIS F	<u> </u>	139	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named or	prografion subfinits this statement for the purpose	of changing its reintment as rec	registered	
office or i	egistered agent, or botก, in the State o um familiar with, and accept the obligati	or Fronda, Such change was autions of, Section 607,0505, Florid	nonzeg by me corpor da Statutes.	prporation submits this statement for the purpose ation's board of directors. I hereby accept the app	204141104111 400 102		
	N185,M 64	EDCHIN -	•		• . •		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	tegistered Agent signature req	ulred when reinstating) DATE			8
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS		RS IN 12	CR2E034 (11/98)
TITLE		☐ DELETE	1.1 TITLE	PRES /SEE - STATE	Change	Addition	こ
NAME			1.2 NAME	NISSIN FERSHON			×
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CITY-ST-ZIP	<u> </u>	☐ DELETE	2.1 TIRE	Air STANK 71	Change	Addition	$\ddot{c}$
TILE		C) becer		DIRECTOR	_ ,	~	
NAME	}		•	GOON BARAM HAD 15 ST APT 14		1	
STREET ADDRESS	<u> </u>			<i>'</i>	-	1	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	MIAMI BC FL 33130	<u> </u>		<del>-</del> -:
TITLE			armie		☐ Change	☐ Addition	
NAME	i		3.2 NAME				
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1			332 MEE   MOUNTSS			i	
CITY-ST-ZIP	1				_		
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14. I hereby certify that the information supplied with this filling 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.

CIGNATURE

SIGNATURE AND TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2-15-99 305-5348879