

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

Katherine Harris

DOCUMENT # P98000050430

1. Corporatio									
M AND	N PROPERTY INVESTMEN	IT, INC.					1 JONES DE 100 (BIES (BIES BENE BENE BENE)	AAJAK BIICI BEICH ALAAA	(111) 1810 1884
							#	[]	
Principal Plac	ce of Business	•	Address						
14566 NW 22N			W 22ND AVE					•	
MIAMI FL 33054 MIAMI FL 33054							DO NOT WRITE IN	THIS SPACE	
							3. Date Incorporated or Qualifed		
							06/03/1998		
2 Principal C	Hace of Buriness	2a Mai	ling Address				4. FEI Number	Ap	plied For
2. Principal Place of Business		26					65-0-8621/8	//	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75	dditional	
22		27					5. Certificate of Status Desired Fee Required		
City & Sta	te		& State				6. Election Campaign Financing	\$5.00	May Be
		28					Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Zip Country			8. This corporation owes the current year intengible			
24	25	29	30				Personal Property Tax.		
24	9. Name and Address of Curre			30,			10. Name and Address of New Registe	red Agent	
	o. Halling Blind Prediction of Confe				81 Nam	0			
4OL	NES, STEVEN L			1			The state of the s		
9999 NE 2ND AVE, STE 216]1	82 Stree	at Addre	ss (P.O. Box Number is Not Acceptable)	• ;	•
MIAMI SHORES FL 33138				- 1	83				
				L					
				T T	84 City			FL 85 Zip C	Code
	40-4	00 - 1007.45	DO Florida Challata		, , , , , , , , , , , , , , , , , , ,	d samo	rotion exhauts this statement for the numor	se of changing its	registered
11. Pursuant	to the provisions of Sections 507.05 registered agent, or both, in the Stat	e of Florida. S	uch change was au	is, the ab ithorized	by the co	Poration	's board of directors. I hereby accept the	ppointment as req	jistered
agent. I a	am familiar with, and accept the obliq	gations of, Sec	tion 607.0505, Flori	ida Statut	85.		ration submits this statement for the purpor's board of directors. I hereby accept the a		
SIGNATURE							when reinstating) DA1	e	
12.	Signature, typed or printed name of registered a	OPEN AND DIRECTO		13.	deur oduam	e tedanes	ADDITIONS/CHANGES TO OFFICER		RS IN 12
	PD	NO DIRECTO	□ DELETE	1.1 1111			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[] Change	☐ Addition
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NAME	A ACOO ARM SONE AND					_			
STREET ADORESS	· f				EET ADDRES	2			
CITY-ST-ZIP	MIAMI FL 33054		OC CTT		(-ST-ZIP	+		[] Change	Addition
TITLE	SD"		OELETE	2,1 TITL					
NAME	DALAQ, NABIL			2.2 NAM			4	•	į
STREET ADDRESS	1			2.3 STR	COT ADDORES	e i			
CITY-ST-ZIP	1 MAN ET 220E4			3	EET ADDRES	~ -			
TITLE	MIAMI FL 33054			2.401	Y-57-ZIP			· Cl.Charen	☐ Addition
J	MIAMI PL 33034		☐ OELETE	1	Y-57-ZIP	-		Change	Addition
NAME	MIAMI FL 33034		□ DELETÉ	2.401	Y- <i>51-2IP</i> E	~ -		Change	Addition
NAME STREET ADDRESS			☐ OELETE	2.4 C/T 3.1 T/TL 32 NAM	Y- <i>51-2IP</i> E	-		Change	Addition
			□ OELETE	2.4 C/T 3.1 T/TL 32 NAA 3.3 STR	Y- <u>57-21P</u> E E	-		:	
STREET ADDRESS			OELETE	2.4 C/T 3.1 T/TL 32 NAA 3.3 STR	Y-ST-ZIP E IE EET AODRES Y-ST-ZIP	-		☐ Change	Addition
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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

62 NAME

6.3 STREET ADDRESS

6.4 City-ST-ZIP

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TITLE

NAME

STREET ADDRESS

STATES ON PHINTES WANTE OF STATEMENT OF PRICE OF DESCRIPTION

DELETE

Davisme Phone #

Change

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90032 042 ***150.00