01201999-90025-031-\$150.00-\$150.00

## - FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT, OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000050443

SANTA RI PORATIOI							
Principal Place	of Business	Mailing Address					
1380 NORTHEAST MIAMI GARDENS DRIVE SUITE 246 NORTH MIAMI BEACH FL 33179		1380 Northeast Miami Garden's Orive Suite 246 North Miami Beach Fl 33179			DO NOT WRI		
HOMITY MICHIEL OF		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3. Date Incorporated or Qualifed 06/05/1998		
2. Principal Pla	ce of Business	2a. Mailing Address	2a. Mailing Address				
21		26	26				
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				
22		27	5. Certificate of Status Desired				
City & State	<u> </u>	City & State	g_Election Campaign Financing Trust Fund Contribution				
23	<u> </u>	28					
Zip	Country	Zip Country			This corporation owes the curr     Personal Property Tax.		
24	9. Name and Address of C		<u> </u>		10. Name and Address of New		
<del></del>	9. Name and Address of C	- · · ·	81	Name			
ROSEN, MARK L 1380 NORTHEAST MIAMI GARDENS DRIVE			82	Street Address (P.O. Box Number is Not Accepte			
SUITE 246 NORTH MIAMI BEACH FL 33179							
140111		•	84	City	•		

**FILED** Jan 20, 1999 8:00 am Secretary of State

01-20-1999 90025 031 \*\*\*150.00

|--|

DO NOT WRITE IN THIS SPACE

					- <del> </del>			
2. Principal P	lace of Business			4. FEI Number	<b>       </b>	Applicable	13	
21		26						) i:
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	□ \$8.75 A		ĺ
City & State		City & State			6, Election Campaign Financing	\$5,00.	Jay Be	l
23	<u> </u>	28			Trust Fund Contribution	Added to	Fees	
Zip	Country	ountry.	7.2 <b>~2</b>	8. This corporation owes the curre	ent year Intangible -	* ********	2	
24	25	29 30			Personal Property Tax.	Yes	□No	ĺ
<u> </u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent		l
			81	Name				l
	en, mark L		82 Street Address (P.O. Box Number is Not Acceptable)					
1380	NORTHEAST MIAMI GARDENS D	RIVE	102	82 Street Address (P.O. Box Number is Not Acceptable)				1
	E 246		83					l
NOR	TH MIAMI BEACH FL 33179						1, 71 1, 25 1,	1
			84	City	FL 85 Zip C			
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	above	named corpo	ration submits this statement for the	purpose of changing its	egistered ictored	
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation			he comporation	n's board of directors, I nereby accep	f tile abboundien as Jea	1500100	
SIGNATURE			- 4 4	signature required	united teamplesing)	DATE		ء ا
	Signature, typed or printed warrie of registered agent of OFFICERS AND			SQUEEDS 1800 NO.	ADDITIONS/CHANGES TO OF		RS IN 12	86
12.		T ocume	TITLE			☐ Change	☐ Addition	CRZE034 (1198)
TITLE .	KATHERINE TE	MELL -	NAME		resident			*
NAME	1300 600 West Pead	mree street	STREET.	ADDRESS.			}	Ö
STREET ADDRESS	Suite 1200 ATLANTA, GA	フェンヘタ		ļ				N
CITY-ST-ZIP	ATLANTA, KSA		CITY-ST			Change	Addition	ರ
TITLE			2 NAME	Ĭ			}	ì
NAME	ĺ ,			*200000				ĺ
STREET ADDRESS	414		STREET	]			1	ł
CITY-ST-ZIP	<u>`</u>		4 CITY-ST	-25		☐ Change	☐ Addition	ĺ
TITLE .		<b>—</b> 1	NAME			<del></del> -		ì
NAME	1. 12.15 V			.000555			ł	Ì
STREET ADDRESS				ADDRESS				
: OTTY-57-ZIP:,			1. CITY-51	-ZIP		Change -	- Addition	
TILLE		_	ITME				_	
HAME	[		2 NAME					
STREET ADDRESS	<b>\</b>	· 11 "	STREET.				,	
CITY-ST-ZIP	·		CITY-ST	7-ZIP		Change	Addrilon	ĺ
TTTLE		_	1 TITLE	İ			_	
NAME			2 NAME	.000000	•			
STREET ADDRESS			STREET	ĺ				-
CITY-ST-ZIP			CITY-ST	مو.		Change	Addition	
TITLE		C) bearing				□ ~-a-de		1
NAME			2 NAME					
STREET ADDRESS			3 STREET				ļ	1
CITY-ST-ZIP			CITY-ST			finale an analitical at all all and	domation	1
14. I hereby	certify that the information supplied with	this filing does not qualify for the e	xemplic	on stated in Sc	ection 119.07(3)(i), Florida Statutes.	turner centry that the in	ON BO	

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 eath; 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.