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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800005/286

CAT-A-LOG CORP.

Principal Place of Business

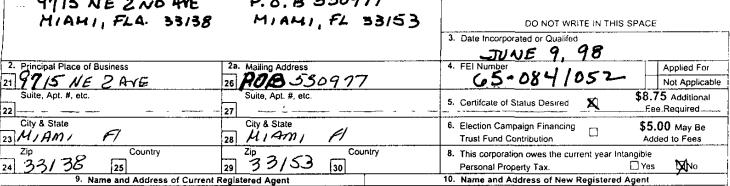
Mailing Address

9715 NE 2NO AVE

P.O.B 530977 MIAMI, FL 33153

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90278 018 ***158.75



SPIEGEL & UTRERA P.O. B 144479 CORAL GABLES, FL

	10. Name and Address of New Registered Agent							
81	Name RCHARD GOLDEN							
82	Street Address (P.O. Box Number is Not Acceptable)	_						
83	NORTH MIAMI, FL 23318-1	_						
84	City E1 85 Zip Code							

1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

SIGNATURE	tick and Alder	n 607.0303, Flori	da Statutes.	4-20-	79
	Signature, typed or printed name of registered agent and little if applicable	le. (NOTE [,] F	Registered Agent signature required	d when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	3	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
TITLE	DPST	DELETE	1.1 TITLE	☐ Cha	inge 🔲 Addition
NAME	DANLUCK, CONNIE E		1.2 NAME		
STREET ADDRESS	8975 N.E. 6TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33138		1.4 CITY+ST+ZIP		
TITLE		DELETE	2.1 TITLE	Cha	inge Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		•	2.4 CITY-ST-ZIP	•	-
TITLE		☐ DELETE	3.1 TITLE	☐ Cha	nge Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Cha	nge Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Cha	nge 🔲 Addition
NAME			\$ 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-\$T-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Cha	nge Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHY+ST+ZIP		

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 supplied entry 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 conforation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in officer or director of the comporation Block 12 or Block 13 if charged, A

SIGNATURE

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