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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000053748

1. Corporation Name

FINAL MASTERPIECE INC.

Principal Place of Busin	ess
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Mailing Address

11790 SOUTHWEST 89TH STREET

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90279 044 ***150.00



MIAMI FL 33186	of com officer	MIAMI FL 33186				DO NOT WR	ITE IÑI THIS	SPACE		
					3 Date Inc	orporated or Qualifed		OI AOL		
ļ					06/16/				ļ	
2. Principal Pla	ace of Business	2a. Mailing Address		21.	4 FEI Num		0		Applied For	
21		26			65.	084785	<u> 7 </u>	\Box	Not Applicable	
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			5 Certifcat	e of Status Desired			5 Additional	
22		27							Required	
City & State	•	City & State			1	Campaign Financing			DO May Be	
23	Constant		ountry			nd Contribution			ed to Fees	
Zip	Country 25	29 30	ouring			This corporation owes the current year Intangible Personal Property Tax.				
24	9. Name and Address of Curre					nd Address of New	Registered /			
	<u> </u>		81	Name					_	
	NBERG, JEFF		82	Street Add	trees (P.O. Boy I	Number is Not Accept	able)			
(11790 SOUTHWEST 89TH STREET			Olleet Add		TOTAL				
MIAM	l FL 33186		83							
,			84	City				85 2	Zip Code	
				. ,			<u> FL</u>			
l office or re	egistered agent, or both, in the State	02 and 607.1508, Florida Statutes, the of Florida. Such change was authorize	ed by	tne corporati	poration submits tion's board of di	this statement for the rectors. I hereby acce	purpose of pt the appoir	changing ntment a	its registered s registered	
agent.lan	n familiar with, and accept the oblig	ations of, Section 607.0505, Florida St	atutes	•						
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Registe	red Agen	t signature require	red when reinstating)		DATE			
12.		ND DIRECTORS 1:	<u> </u>			NS/CHANGES TO OF	FICERS AN	D DIREC	CTORS IN 12	
TITLE	P	☐ DELETE 1.1	TITLE					☐ Char	rge ☐ Addition	
NAME	GREENBERG, JEFF	1.2	NAME							
STREET ADDRESS	11790 SOUTHWEST 89TH ST	REET 1.3	STREET	ADDRESS					(
CITY-ST-ZIP	MIAMI FL 33186		CITY-S1	f-ZIP						
TITLE		DELETE 2.1	TITLE					Char	ige 🗀 Addition	
NAME		.22	NAME		<u>.</u>	~ .			-	
STREET ADDRESS		4		ADDRESS			•		,	
CITY-ST-ZIP			4 CITY-S	T-ZIP				Char	nge Addition	
TITLE		_	TITLE						ige	
NAME			NAME						Ì	
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			I. CITY-S I TITLE	1-2112				☐ Char	nge	
TITLE		_	2 NAME	ſ				_		
NAME STREET ADDRESS		L Company		ADDRESS					1	
CITY-ST-ZIP			CITY-S							
TITLE			TITLE					Char	nge Addition	
NAME		52	NAME			•			1	
STREET ADDRESS		- 5.3	STREET	ADDRESS		i i			Į	
CITY-ST-ZIP			CITY-S	T-ZIP		<u> </u>				
TITLE		☐ DELETE 6.1	TITLE					☐ Char	nge 🗌 Addition	
NAME		6.2	NAME	Ì)	
STREET ADDRESS	•	6.3	STREET	ADDRESS						
CITY-ST-ZIP		6.4	CITY-S	T-ZIP		2)(i) Florida Statutes	,			

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 is it 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.

SIGNATURE: