PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT, OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 19, 1999 8:00 am Secretary of State 05-19-1999 90011 009 ***600.00

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24 33	131 25 USA 9. Name and Address of Current	29 33131 3	oi TUSA		roperty Tax.				ĺ
-	9. Name and Address of Corrent	Kedistalen yant	81 Name						
GRE	ENE, MICHAEL STEVEN			Valdes-Faul Address (P.O. Box Nu	i Corporate	Servic	es,_I	nc.	
	S BISCAYNE BLVD, STE 900		82 Street	Address (P.U. Box No.	cavne Blvd.	. Suite	e 3400		
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i			84 City				85 Zip (Code	
			84 City	Miami		F١		3131	
11. Pursuant I	to the provisions of Sections 607.0502	and 607 1508, Florida Statutes	the above-named		nis statement for the p	urpose of cl	nanging its	registered	
office or re	to the provisions of Sections 607.0502 agistered agent, or both, in the State of mailtiar with, and accept the obligation	filorida, Such change was aut ons of, Section 607.0505, Florid	onzed by the corp. a Statutes.	oration's board of dire-	ctors. Thereby accept	ше аррони	110111 23 10	giatorec :	
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SIGNATURE	Stullerw () Ferre	el el en la particable. (NOTE: Ri	ogistered Agent signature	equired when reinstaling)		DATE			é
12.	Stophure, typed or privated name of registered agent OFFICERS AND	and this if applicable. (NOTE: RI	ogistared Agent signature (equired when reinstating) ADDITIONS	SICHANGES TO OFF	DATE	DIRECTO	PRS IN 12	100
12.	Stoglaure, typed or privated name if registered agent OFFICERS AND	el el en la particable. (NOTE: Ri	ogstered Agent signature r 13.	equired when reinstaling) ADDITIONS	SICHANGES TO OFF	DATE			(44.60)
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this fitting 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 ental 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 increase empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or or as attachment with an address, with all other like empowered.

8.4 CITY-ST-ZIP

SIGNATURE: