

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90081 050 ***150.00

DOCUMENT # P98000065607

1. Corporation Name

THE STRANGE ZONE, INC.



Principal Place of Business

1717 NORTH BAYSHORE DRIVE #3037
MIAMI FL 33132

Mailing Address

1717 NORTH BAYSHORE DRIVE #3037
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1998

4. FEI Number

65-0856891

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.☐

Yes

No

2. Principal Place of Business

21 6320 Biscayne Blvd

2a. Mailing Address

26 6320 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Miami FL

27

City & State

City & State

23 33132 Miami FL

28 Miami FL

Zip

Country

Zip

Country

24 33132

25 U.S.A.

29 33132

30 U.S.A.

9. Name and Address of Current Registered Agent

FERRERO, URSULA

1717 NORTH BAYSHORE DRIVE #3037
MIAMI FL 33132

81 Name

Stephan Peluthiero

82 Street Address (P.O. Box Number is Not Acceptable)

6320 Biscayne Blvd.

83

84 City

Miami

FL

85 Zip Code

33132

11. 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

4-08-1999

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME President
STREET ADDRESS Stephan Peluthiero
CITY-ST-ZIP 1717 N Bay Shore Dr # 3037
Miami, FL 33132

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 or other like empowered.

SIGNATURE

Date

Daytime Phone

1-9-99 305-966-6383

CR2E034 (11/98)