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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000069531

1. Corporation Name

CI CINIANCIAI CEDVICES INC

Girii Fii	NANCIAL SERVICES, INC.			
Dringing Diago	o of Business	Mailing Address		
999 WASHINGTON AVENUE 999 WASHINGTON AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139		MIAMI BEACH FL 33139		
MINIMI DENOTTIE 00100				DO NOT WRITE IN THIS SPACE
				Date Incorporated or Qualifed
				/08/10/1998
2. Principal Pi	face of Business	2a. Mailing Address		FEI Number Applied For Applied For
21		26		V65 -085'/095 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
22		27		
City & State	ė	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zin	Country	28	Country	This corporation owes the current year Intangible
Zip	25	29 30	¬ ·	Personal Property Tax.
24	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Registered Agent
81 Name()				
FILINGS, INE.				- V2 8 3 3 3 1 1 1 W
3732 N.W. 16TH STREET			82 5000	Iress (P.O. Box Number is Not Acceptable)
FT_CAUDERDALE FL 33311-4132			83	1 0000
				1 2 Code (5)
			84 City	mi Brach FL 85 2339
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 required				
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 yith, and accept the obligations of Section 607.0505, Florida Statutes.				
\(\langle \langle \lan				
SIGNATURE	Signature, typed of crinted name of registered agen	it and title if applicable. (NOTE: Re	egistered Agent signature require	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition
NAME	Galbut, Abraham A		1.2 NAME	
STREET ADDRESS	999 WASHINGTON AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GALBUT, NANCY K		2.2 NAME	
STREET ADDRESS	999 WASHINGTON AVENUE		2.3 STREET ADDRESS	•
CITY-ST-ZIP	MIAMI BEACH FL 33139		2. 4 CITY-ST-ZIP	- Change Addition
TITLE		. DELETE	3.1 TITLE	
NAME			3.2 NAME	,
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		- Delete	3.4 CITY-ST-ZIP	Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE	☐ Cliange ☐ Addition
NAME			4, 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		- Bei ete	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE	Collable Mullion
NAME			5.2 NAME	•
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
TITLE			62 NAME	Li suange Li roduton ,
NAMÉ	I		0 € 10 4MC	i

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 by signature shall have the same legal effect as if made under oath; that I am an officer or director of the comporation 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 chapter 607 on an attachment with an address, with all given like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP