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 #	P98000071	153
	1 000001	

1. Corporation Name

LOH! IVIE	SA, INC.				
Principal Place	e of Business	Mailing Address		T (DB1)DB1 118 30103 18111 B0111 B0111 WB111 NA11	; 1000 1100 1100 1100 110 110 110 110 1
·	ETTO PARK RDSTE.265	1355 W. PALMETTO PARK	RDSTE.265		
BOCA RATON		BOCA RATON FL 33486			0.00405
				DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualifed	
				08/12/1998	1 1 2 15
2. Principal P	lace of Business	2a. Mailing Address	1	4. FEI Skimber 088 9932	Applied For
21	- John Comme	26	mie.	0 3 000 77-2	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		City & State		A Floring Committee Financian	
City & Stat	e	<u>├</u>		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country		Country	This corporation owes the current year life.	
Zip	·	⊢ , '	30	Personal Property Tax.	☐ Yes ☐ No
24	9. Name and Address of Curre		301	10. Name and Address of New Registeres	
	5. Name and Address of Odire	III Negisterea Agent	81 Name		
EAS	OM, JOHN			Some	
	W. PALMETTO PARK RD., STE	.265	82 Street Addr	ress (P.O. Bo). Number is Not Acceptable)	
	A RATON FL 33486		83		
550					
	/ //		84 Cityn	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.150%, Florida Stad to e cliffiorida. Such change was a	es, the above-hamed corp uthorized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered
agent. I a	m familiar with and accept the policy	arons of Section 671.0505, Fina	fida Statutes		5-99
SIGNATUF:E	1000		1/4/		/_/
	Signature, typed or printed name of registered ag		Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS 1	ND DIPECTORS IN 12
12.		NI) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	DPS	□ DELETE	1.1 TITLE		Canada Canada
NAME	ARIOLI, EDWARD D	ATE OOS	1.2 NAME		
STREET ADDRESS	1	J.,51E.265	1.3 STREET ADDRESS		¶!
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY-ST-ZIP		Change Addition
TITLE	DVPT	☐ DELETE	2.1 TITLE		
NAME	EASOM, JOHN		2.2 NAME		
STREET ADDRESS	1355 W. PALMETTO PARK RE	D.,STE.265	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		2. 4 CITY- ST- ZIP		
TITLE	ĺ	☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	4		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRE 3S			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 suppliemental 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 coptoral for or the receiver or trustee empowers to assume this report as fecuired 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, which all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR