PROFIT CORPORATION ANNUAL:REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90061 038 ***150.00

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DOCUMENT # P98000071427												
	LUTIONS, INC.						- 1	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
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Principal Place of Business Mailing Address								f (831)881 is ann inn ann ann ann ann			11811 1841 1991	
6715 NORTHWEST 43RD PLACE 6715 NORTHWEST 43RD PLACE					NCE .							
CORAL SPRING	is FL 33067	CORAL S	Prings Fl 33067				ļ	DO NOT WRITE IN	THIS SPA	CE		
							t	3. Date Incorporated or Qualifed				1
							_ {	08/17/1998				
2. Principal P	lace of Business	2a. Malti	ng Address					4. FEI Number		-	plied For	Į
21		26									t Applicable	
Suite, Apt.	#, etc.	├ ─┐	, Apt. #, etc.				- 1	5. Certificate of Status Desired	Đ	O./⊋/ Fee Re	Additional quired	
22 City & Stat		27 City	& State					6. Election Campaign Financing			May Be	ĺ
23 -	-	28						Trust Fund Contribution		Added t		l
Žip	Country	Zlp		Con	ntry			8. This corporation owes the current y				Ì
24	25	29		30				Personal Property Tax.			□No	
	9. Name and Address of Current	Registered	Agent		81	Name		10. Name and Address of New Regis	tered Age	π		ĺ
AME	RILAWYER											
	ALMERIA AVENUE	82 Street Adda				Street A	ddress	(P.O. Box Number is Not Acceptable)				
COR	AL GABLES FL 33134				83							ŀ
					84	Cit.			8:	Zip C	`ode	ĺ
						City			FL	'		
11, Pursuant	to the provisions of Sections 607.0502	and 607.150	08, Florida Statuti	s, the at	ove	-named c	orpora	tion submits this statement for the purpo board of directors. I hereby accept the	ose of char appointme	iging Its nt as rec	registered sistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section	on 607.0505, Flo	rida Statu	rtes.	ins do por						
SIGNATURE				Oprintered				en remetating) D	ATE			_
12.	Signature, typed or printed name of registered agent of OFFICERS AND			13.	- Comm	agracie (ec	quesa mi	ADDITIONS/CHANGES TO OFFICE		RECTO	RS IN 12	R2E034 (11/98)
TITLE	PSTD				LI TRLE					Change	☐ Addition	Ξ
NAME	FOUSTOK, MOHAMAD A	12 NAME									꽃	
STREET ADDRESS	6715 NORTHWEST 43RD PLACE	1.3\$			1.3 STREET ADDRESS							Ä
CITY-ST-ZIP	CORAL SPRINGS FL 33067				1.4 CITY-ST-ZIP					Change	- Addition	S.
TITLE					2.1 TITLE				П	Citatibe		
NAME				22 NA		ADDRESS						
STREET ADORESS				2.4 CI		- }						
CITY-ST-ZIP					3.1 TITLE					Change	Addition	
NAME			32 NA	32 NAME								
STREET ADDRESS				3.3 ST	REET	ADDRESS	_					l
CITY-ST-ZIP				3.4. CI		-ZP				Char	☐ Addition	
TITLE			☐ DELETE	4.1 TIT		ļ			U	Change	LI AGGIRGI	
NAME				4.2 NAME 4.3 STREET ADDRESS								
STREET ADDRESS												
CATY-ST-ZIP TITLE			☐ DELETE	4.4 CITY-		- LIP				Change	☐ Addition	
NAME				5.2 NA					_	-	ļ	
STREET ADDRESS				5.3 \$7	REET	ADDRESS						:
CITY-ST-ZIP				5.4 CT	Y-ST-	ZIP						
TITLE			☐ DELETE	6.1 TI						Change	☐ Addition	
NAME				62 NA							ſ	
STREET ADDRESS						ADORESS					1	
CITY-ST-ZIP	Alf at a the first at a second and a state	AL - 60 - 4			Y-ST-		la Cas	ion 110 07/3Vi) Florida Statutes I furth	or costifu It	at the in	formation	

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 all other like empowered.

SIGNATURE:

BICKATURE REQUIREDM

18-SICH

199 (954) 796-8666

MOHAMAD A. FOUSTOK