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

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90102 035 ***150.00

1. Corporation Name CORAL 2000, INC. Principal Place of Business 2645 S BAYSHORE DIRVE #2003 COCONUT GROVE FL 33133 Mailing Address 2645 S BAYSHORE DIRVE #2003 COCONUT GROVE FL 33133					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 08/24/1998		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apı	plied For
1 26			-		65-0859366		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22 27							
City & State City & State 28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Curr	ent Registered Agent	81	Name -	10. Name and Address of New Register	ed Agent	
IENICEN DALDIA				Name			
JENSEN, RALPH 2645 S BAYSHORE DIRVE #2003 COCONUT GROVE FL 33133			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
			83			···	
			84		·		
				City	F	- L	oge
SIGNATURE		AND DIRECTORS	Registered Agen	it signature political	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D DATE DATE DATE	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	2645 S BAYSHORE DIRVE #2003		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
CITY-ST-ZIP	COCONOL GROVE EL 33133	DELÉTÉ	1.4 CITY-5 2.1 TITLE	1-219		Change	Addition
TITLE NAME			2.2 NAME				,
STREET ADDRESS			2.3 STREET	TADDRESS	·		
CITY-ST-ZIP			2. 4 CITY- S	1			• •
TITLE			3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	TADDRESS			
CITY-ST-ZIP			3.4, CITY-S	ST-ZIP			■ AJJ33***
TITLE			4.1 TITLE		•	Change	Addition
NAME			4. 2 NAME				•
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP				T-ZIP		. [] Change	Addition
TITLE			5.1 TITLE 5.2 NAME				-
NAME STREET ADDRESS				T ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-S				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME		,	6.2 NAME				•
STREET ADDRESS			6.3 STREET	TADDRESS		V ',	
CITY OT 7ID	1		6.4 CITY-5	T-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 seport 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 receipt of the corporation of the corp

SIGNATURE