## 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 # P98000075113

1. Corporation Name

DUADMILIEMNIA INC

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90188 040 \*\*\*150.00

FDANIVIII	LLEININA, ING.							
Principal Place	e of Business		Mailing Address				866;   10;   40;	HAME INT LESS
5143 S.W. 71ST PLACE MIAMI FL 33155			5143 S.W. 71ST PLACE MIAMI FL 33155					
MIMMI FE 20102					DO NOT WRITE IN THI	S SPACE		
						<ol> <li>Date incorporated or Qualifed 08/28/1998</li> </ol>		
Principal Place of Business     The Principal Place of Business			2a. Mailing Address		4. FEI Number EIN 65-0868756		olied For Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> A Fee Rec		
City & Stat	e	·	City & State			6. Election Campaign Financing	\$5.00	May Be
23			28		Trust Fund Contribution	Added to	Fees	
Zip	Cou	intry	Zip	Countr	у	8. This corporation owes the current year I		
24	25			30		Personal Property Tax.		□No
	9. Name and Ad	dress of Curre	nt Registered Agent			10. Name and Address of New Registere	Agent	
010	שבת השאתורה ה			8	Name			ļ
SACHER, CHARLES P 2655 LEJEUNE ROAD SUITE 1101				8:	Street Ad	dress (P.O. Box Number is Not Acceptable)		
COR	IAL GABLES FL			8:				
				8-	City	F	85 Zip C	ode
office or r	registered agent, or b im familiar with, and a	oth, in the State accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flori	ithorized b ida Statute	y the corpora s.	rporation submits this statement for the purpose ition's board of directors. I hereby accept the app	ointment as reg	pistered
	Signature, typed or printed i			<u> </u>	ent signature requ	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	DS IN 12
12.	<u> </u>	OFFICERS AF	ND DIRECTORS	13. 1.1 TITLE	<del></del>	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition
TITLE	D MODDIC COUN		- Prepic	12 NAME				_
NAME	MORRIS, COLIN 5143 S.W. 71ST	DIACE		ľ	ET ADDRESS			
STREET ADDRESS	MIAMI FL 33155	PLACE						
CITY-ST-ZIP	MIMMI PL 33 133		☐ DELETE	1.4 CITY- 2.1 TITLE	51-ZIP		☐ Change	[ ] Addition
TITLE			<u></u>	2.2 NAME			_ •	_
NAME					ET ADDRESS			ĺ
STREET ADDRESS				2.4 CITY				,
CITY-ST-ZIP TITLE			DELETE	3.1 TITLE	31-21		☐ Change	- Addition
NAME				3 2 NAME	-			
STREET ADDRESS					ET ADDRESS			ļ
CITY-ST-ZIP				3.4. CITY	[			Ì
TITLE				4.1 TITLE			Change	Addition
NAME			☐ DELETE					
STREET ADDRESS	1		☐ DELETE	4. 2 NAM			0	
CITY-ST-ZIP			☐ DELETE				5	}
			☐ DECETE		ET ADORESS			
TITLE			☐ DELETE	4.3 STRE	ET ADDRESS ST-ZIP		☐ Change	☐ Addition
				4.3 STRE 4.4 CITY-	ET ADDRESS ST-ZIP		☐ Change	☐ Addition
TITLE				4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP		☐ Change	Addition
TITLE NAME				4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP 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 appears 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 trastee 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 adacting with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR