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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000075957

1. Corporation Name

MCCANN INTERNATIONAL INC

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90166 045 \*\*\*150.00

WOON	A MAÍCHMANDHACH MAO							
Principal Place	e of Business	Mailing Address	, , , , , , , , , , , , , , , , , , , ,			3 (ABILABI LIA IBIAL IAISI ABILI AAIII AAIII AAIII	) (31 1 <b>0 0)</b> 3 0; (( <b>0</b> 10 10;	#1114   WW    WW
2700 TIGERTAIL AVENUE		2700 TIGERTAIL AVENUE			Ì			
COCONUT GROVE FL 33133		COCONUT GROVE FL 33133				DO NOT WRITE IN TH	IIS SPACE	
	•				F	3. Date Incorporated or Qualifed		
						08/28/1998		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number 65-0 867377	Ap	plied For
21		26				65-0867377		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>\$8.75</b> / Fee Re	I
22	<u> </u>	City & State						
City & Stat	te	<b>⊢</b> ′			İ	6. Election Campaign Financing  Trust Fund Contribution	\$5.00 Added	
Zip	Country	Zip	Counti			This corporation owes the current year		
24	25		30	•		Personal Property Tax.	☐Yes	□No _
24	9. Name and Address of Current		<del>~</del>			10. Name and Address of New Register	ed Agent	
			8	1 Name				
	NSTEIN, MICHAEL	,	8	2 Street	Address	s (P.O. Box Number is Not Acceptable)	•	
	O TIGERTAIL AVENUE		"	2 311861	Addies	( 1.0. Box (tumber to the shoophable)		
COC	CONUT GROVE FL 33133		8	3				
	7		8	4 City			. 85 Zip	Code
				1,			FL   65   245 )	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the abo	ve-named	согрога	tion submits this statement for the purpose	of changing its	registered
office or r	registered agent, or both, in the State o am familiar with, and accept the obligati	of Florida. Such change was autions of, Section 607.0505, Floric	thorized b da Statute	y the corp	orations	s obard of directors. I hereby accept the ap	politinent as re	registered gistered
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CITY-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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

<u> 305-856-9998</u>