Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90114 037 \*\*\*150.00

## 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 # P98000078891

1. Corporation Name

IVIAHGUT	CORPORATION						
Principal Place	of Business	Mailing Address	 ;			4 INCHIDOL FER LOLUT INITE ROSTI ORGEN BRISH TROUT INTELLIGING SUPER FIED	HTDA
785 CRANDON BLVD UNIT 206 785 CRANDON BLVD UNIT 206 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149							
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 09/11/1998	
Principal Place of Business     2a. Mailing Address			ess			4. FEI Number Applied Fo	
21		26	26			65 - 0878715 Not Applic	
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Addition Fee Required	al
City & State	9		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	3
Zip 24				ountry		8. This corporation owes the current year Intangible Personal Property Tax.   Yes	
	9. Name and Address of Currer		30	$\top$		10. Name and Address of New Registered Agent	
5. Halle and Address of Current Registered Agent				81	Name		
COBER CORPORATE AGENTS INC							
2601 S BAYSHORE DR 19 FL				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33133				83			
				84	City	FL 85 Zip Code	
l office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such char	ige was authoria	zea by	the corpora	orporation submits this statement for the purpose of changing its registeration's board of directors. I hereby accept the appointment as registered	red I
SIGNATURE	Moult _					10-TAN-99	_
	-3	nt and title if applicable.		<u>_</u>	nt signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
12.		ID DIRECTORS		3.	- 1		ddition
TITLE	D			1 TITLE		Ontarige A	Julion
NAME	30 (IE(3/EE) (III 4 III ( )			2 NAME			
STREET ADDRESS				3 STREE	F ADDRESS		}
CITY-ST-ZIP				4 CITY-S	T-ZIP	IT Chases	ddition
TITLE	D	_		1 TITLE		Change A	Dalgon
NAME	1			2.2 NAME			
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CITY-ST-ZIP				4 CITY-S	T-ZIP		1-000
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NAME			3.	2 NAME			. }
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				4. CITY-9	T-ZIP		
TITLE			DELETE 4.	1 TITLE	1	☐ Change ☐ A	ddition
NAME			4.	2 NAME			ĺ

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 upon 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 colorotation of 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 challeged, or or half attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

PRESIDENT SIGNING OFFICER OR DIRECTOR

Change

Change

☐ Addition

Addition