**PROFIT** CORPORATION ANNUAL REPORT 1999

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED
May 19, 1999 8:00 am
Secretary of State
05-19-1999 90027 003 \*\*\*300.00

DOCUN 1. Corporation S.M.G.P.		)80303			A ARSK <b>beire</b> indi <b>be</b> lue unti film	
Principal Place	of Business	Mailing Address		3 (85)(82) (16 (816) CBILL BATTI BRITI BRITI BRITI BRITI BRITI	1 Mille #9188 iltit Båins isti son:	
C/O WEISS. HE	ERNANDEZ & CORDERO. P.A. AVENUE. SUITE 300	C/O WEISS, HERNANDEZ & C 1401 BRICKELL AVENUE, SUIT MAMII FL 33131		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified  09/11/1998		
		I a Martin Adress A	<u>.</u>	4. FEI Number	Applied For	
<u> </u>	lace of flusiness	2a. Mailing Address		MALIA TOTAL	Not Applicable	
21 25 Suite, Apt.	#, etc.	26 /252 ADA-4 Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 HOA	whood 12	28 40000	ws FL	Trust Fund Contribution	Added to Fees	
Zip 24 - 3304	9 25 USA	zip 35, 9 30	Country	This corporation owes the current year in Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Current	Registered Agent	81 Name 2	10. Name and Address of New Registered	Agent	
WETG	SS, MICHAEL N ESQUIRE		1 1	he a Good		
	WEISS, HERNANDEZ & CORDERC	), P.A.		ress (P.OBox Number is Not Acceptable)		
	BRICKELL AVENUE, SUITE 300	^,,,,,,	83 A25	2 Congram Si		
	Al FL 33131		H		Tag Zin Code	
		[7]]	84 City 46	w HOOD FI	-  °°   33° 9 _	
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607 1508, Florida Statutes, Florida, Such drande was auth	the above-named corp orized by the corporate Statutes.	polation submits this statement for the purpose on's board of directors. I hereby accept the appoint	changing its registered	
SIGNATURE	arriadi Mari, Erio Goodpe are Gorge				W/49_	
SIGNATURE	Signature, lyped or printed name of registered agent a		gistered Agent signature require		ND DIDECTORS IN 12	98
12.	OFFICERS AND	DIRECTIORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition	CR2E034 (11/98)
TITLE	ane c	C) 2005.10	12 NAME			<u>4</u>
NAME	POHL A GOLD		1.3 STREET ADDRESS			
STREET ADORESS CITY-ST-ZIP	45ABOVA		1.4 CITY-ST-ZIP			2
TITLE	MIS	☐ DELETE	2.1 TITLE		Change Addition	O
NAME	HARE C. C.		2.2 NAME			
STREET ADDRESS	AS ABOVE		2 3 STREET ADDRESS		Į.	
CITY-ST-ZIP	AS ABOUL		2.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	3.1 TITLE		Committee Committee	
_NAME		<del></del> -	32 NAME 33 STREET ADDRESS			
STREET ADDRESS			3.4 CITY-ST-ZIP			
CTTY-ST-ZIP		☐ DELETE	4.1 TITLE		Change Addition	1
NAME		_	4.2 NAME			ļ
STREET ADDRESS			4.3 STREET ADDRESS			j
.CITY-ST-ZIP		<u> </u>	44 CITY-ST-ZIP		ET Channe T Addition	
TITLE		DELETE	5.1 TITLE		Change	l
NAME			5.2 NAME			İ
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			1
CITY-ST-ZIP_		☐ DELETE	6.1 TITLE		Change Addition	
TITLE		Course	62 NAME		<del>-</del>	ı
NAME CONCET APOSECE			6.3 STREET ADDRESS			ı
STREET ADORESS CITY-ST-ZIP		$\sim$	6.4 CITY-ST-ZIP			
14. I hereby	certify that the information supplied with	this filling de not qualify for th	e exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further of a shall have the same legal effect as if made united by Chapter 607. Florida Statutes; and that	ertify that the information	
Indicated	on this annual report or supplemental a	unnal lebout it the and accritat	e and that my signature	e snan nave the same legal effect as II made the	my name ennears in	

officer or director of the corporation or the receiver or tri Block 12 or Block 13 if changed, or on an attachment w

SIGNATURE: \_\_\_\_\_\_\_SIGNATURE AND TYPED OR PRINTED NAMED IN