Applied For

Fee Required

Not Applicable

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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90158 023 ***150.00

DOCUMENT #	P98000080953
1. Corporation Name	. 0000000000

WITH WIN, INC. Mailing Address Principal Place of Business 21479 SOUTHWEST 88TH AVENUE 21479 SOUTHWEST 88TH AVENUE MIAMI FL 33189 MIAMI FL 33189 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/18/1998 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0865264 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certifcate of Status Desired 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Zip This corporation owes the current year Intangible Zip Country Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MICHAGO 82 ALMERIA AVENUE 83 84 City MIAMI 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered/agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am farifiliar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNAT name of registered agent and title if applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE TITLE 11TITLE NAHAR, MICHAEL J 1.2 NAME NAME 21479 SOUTHWEST 88TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33189** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAMÉ 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-7IP

policy with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information plemental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the information officer or director of the corpor Block 12 or Block 13 if chang

SIGNATURE:

MICHIEU TUNAHAR URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)