1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90023 014 \*\*\*150.00

## DOCUMENT # P98000080983

1. Corporation Name

F 16, INC.

Principal Place of Business

Mailing Address

2555 COLLINS AVENUE NO. 2410 MIAMI BEACH FL 33140

2555 COLLINS AVENUE NO. 2410 MIAMI BEACH FL 33140

1 <b>30</b> 11 <b>09</b>	<b>Ma</b> ire edrii ooni oolol	ibili qullu falbi	

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/15/1998 FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 6301 \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required City & State City & State **\$5.00** May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 30 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 REICHENBACHER, JEFFREY E ESQ. Street Address (P.O. Box Number is Not Acceptable) 799 BRICKELL PLAZA SUITE 700 83 **MIAMI FL 33131** 84 City 85 Zip Code

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
12.	OFFICERS AND DIRECTO		13.		S/CHANGE	S TO OFFICERS A	ND DIRECTOR	RS IN 12		
TITLE	PVST	☐ DELETE	1.1 TITLE	PVST			Change	Addition		
NAME I	PRUSZYNSKA, ELZABIETA		1.2 NAME	ELZBIE	TH	PRUSZY	NSKA	9		
STREET ADDRESS	2555 COLLINS AVENUE NO. 2410		1.3 STREET ADDRESS	ELZBIE 6301	COL	LINS	# //	0		
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY-ST-ZIP	MIAMI	BEAC	H FC	33/4	48 _		
TITLE	D	☐ DELETE	2.1 TITLE	D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	☐ Addition		
NAME	PRUSZYNSKA, ELZABIETA		2.2 NAME	ELZ.BIE	779	PRUSZ	YNSKI	A		
STREET ADDRESS	2555 COLLINS AVENUE NO. 2410		2.3 STREET ADDRESS	-630/-	004	L/NS	~#-170	08		
CITY-ST-ZIP-	MIAMI-BEACH FL 33140		2.4 CITY-ST-ZIP	-630 /- MIAM	11 35	ACH AC	33/	48		
TILE		□ DELETE	3.1 TITLE				Change	☐ Addition		
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP	•	•	3.4. CITY-ST-ZIP				,			
TITLE		☐ DELETE	4.1 TITLE				Change	Addition		
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP	5		4.4 CITY-ST-ZIP				,			
TITLE	<b>≯.</b>	☐ DELETE	5.1 TITLE				Change	☐ Addition		
NAME			5.2 NAME							
STREET ADDRESS	t e e e e e e e e e e e e e e e e e e e		5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE			•	☐ Change	Addition		
NAME	•		6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP	•		6.4 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.

SIGNATURE: