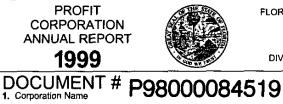
## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999

LAW OFFICES OF ANTOINE ISMA P.A.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

## DIVISION OF CORPORATIONS

- 1 18811881 110 1610		<b>                                    </b>	

FILED Aug 06, 1999 8:00 am Secretary of State

08-06-1999 90005 011 \*\*\*550.00

			_							
Principal Plac	e of Business	Mailing Address							** 11418 (B1) 1481	
	TE 163RD STREET 163RD STREET			Į.						
SUITE #309	SUITE #309 REACH FL 33162 BIORTH MIAMI DEACH FL 33162			DO NOT WRITE IN THIS SPACE						
AOTHE BRANCE	NORTH MIAMI BEACH FL 33162 NORTH MIAMI DEACH FL 33162				3. Date Incorporated or Qualified				$\neg$	
	•		,			10/01/1998				
2. Principal Place of Business 22a. Mailing Address			أح						Applied For	_
27 1140 NE 163 Level-26 1140 NE 163			233	2		3C 65-0869 00	16		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27.					5. Certificate of Status Desired \$8.75 Addi					
City & State (					6. Election Campaign Financing \$5.00 May Be			0 May Be	7	
23 North Miomi BEACH, FL 28 North Miomi DE			SEL				d to Fees	_		
1 = 1				8. This corporation owes the current year			<b></b>			
24 35/	ba 25 MIAMI-DADE	129 33 162	30 M16	<u> </u>	-DADE	Intangible Personal Property.  10. Name and Address of New Re		Yes [	No	-
<del></del>	9. Name and Address of Current	Registered Agent	<del></del>	81	Name	10. Name and Address of New Re	Aisteren	Agent		$\dashv$
ISMA, ANTOINE					MH				_	
1140 000	-N.E. 163RD STREET			82	Street Addre	Idress (P.O. Box Number is Not Acceptable)				
	E# <b>200</b>			83						ヿ
NOR	ITH MIAMI BEACH FL 33162			24					p Code	4
{				84	City		FL	_  85   Zip	) Code	-
11. Pursuan	t to the provisions of sections 607,0502	and 607.1508, Florida Statut	es, the ab	ove-n	amed corpora	ation submits this statement for the pur	pose of c	nanging its	registered	7
office or agent, I	registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Such change was ons of, section 607.0505, Fl	authorized orida Stat	d by th lutes.	he corporation	n's board of directors. I hereby accept	tne appo	intment as	registered	
SIGNATURE									<del></del>	}
4.5	Signature, typed or printed name of registered agent			red Age	nt signature requir	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE	ND DIBECT	TODE IN 12	ط <u>و</u>
12.	OFFICERS AND		13.	n E		ADDITIONS/CHANGES TO OFF	CERS A			CR2E034 (5/99)
NAME	ISMA, ANTOINE	DELETE	1.2 NA					Change	; L Aquiuon	<del> </del>   <del> </del>
STREET ADDRESS	(140 N.E. 163RD STREET SUITE	.21			DDRESS					
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	#PAU	1	TY-ST-Z	)					18
TITLE	1101111 IND WILL DESTOTT I C GOTOL	DELETE	2.1 TIT		···			Change	e Addition	
NAME			2.2 NA	AME						}
STREET ADDRESS			2.3 ST	REET AL	DORESS					
CITY-ST-ZIP			2.4 CIT	TY-ST-Z	IP					_]
TITLE		DELETE	3.1 TIT	TLE				☐ Change	e 🗌 Addition	. ]
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 ST	REET AS	ODRESS					- {
CITY-ST-ZIP				TY-ST-Z	IP					_
TITLE		DELETE	4.1 177					Change	e L Addition	١
NAME	}		4.2 NA							)
STREET ADDRESS					DDRESS					
CITY-ST-ZIP			_	TY-ST-Z	iP			<del></del>		4
TITLE		DELETE	5.1 TIT					Change	e Addition	' <b> </b>
NAME			5.2 NA							
STREET ADDRESS					DDRESS					
CITY-ST-ZIP TITLE		DELETE	6.1 TIT	TY-ST-Z ILE				Change	e Addition	,
NAME	{	T DELETE	6.2 NA			•		L Change	, L.J Addition	-
STREET ADDRESS					ODRESS					
CITY-ST-ZIP				TY-ST-ZI	1					
	artifut hat the information supplied with the	his filing stopp not qualify for				on 119 07/3Vi) Florida Statutes I furti	or certify	that the inf	ormation	⊣

I necepy certify that the information supplied with this filling 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 of the corporation or the receiver of the corporation of the corporati

**SIGNATURE** 

ITED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #