PROFIT CORFORÁTION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000086742

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Principal Plac	ce of Business	Mailing Address		
B2 N. UNIVERS		82 N. UNIVERSITY DR.		
	INES FL 33024	PEMBROKE PINES FL 3302	24	DO NOT WRITE IN THIS SPÂCE
				3. Date Incorporated or Qualifed
			•	10/02/1998
2 Principal C	Place of Business	2a. Mailing Address		4. FEI Number Applied For
		26		65-08748// Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Security
		27		5. Certificate of Status Desired Fee Required
City & Stat	te	City & State	-	6. Election Cempaion Financing \$5.00 May Be
3		28	5	Trust Fund Contribution Added to Fees
Zip ¬	Country	Zip	Country 38	8. This corporation owes the current year intangible Personal Property Tax. Yes
1	9. Name and Address of Cur	29 Pront Pecintered Agent	[30]	10. Name and Address of New Registered Agent
	AT LIMITA BILL MARIEDS OF ORI		B1 Na	атне
BEN	VAISSA, AMAL		82 St	treet Address (P.O. Box Number is Not Acceptable)
	N. UNIVERSITY DR.	. •	DZ SI	HOOK PACKED TO: DOK INVITION IN THANK PROPERTY
PEN	MBROKE PINES FL 33024		83	
			84 Ci	ity 85 Zip Code
•			i I	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
2.	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS		eture required when reinstating) OATE
TLE		HAU DIKECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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SIGNATURE: \(\)

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 challed, or on an attack ment with an address, with all other like empowered.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90015 033 ***150.00