## **PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

ncipal Place of Business	Mailing Address		
55 BISCAYNE BLVD., NO. 462	12555 BISCAYNE BLVD., NO. 462		
Alami Fl 33181	N. MIAMI FL 33181		

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90237 023 \*\*\*150.00

•	1999		DIVISION OF CO	RPORA	ATIONS							
1. Corporation	MENT # P98	300008943	80			,-						
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Principal Place	e of Business	Mailing Ad	ldress				. 168(158) 116 . 0101 .	**** ***** ***** ****				
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N. MIAMI FL 33	1181	n. Miami f	L 33181				DO	NOT WRITE IN	THIS SPACE			
							le incorporated or	Qualifed				
			A 444-1-1				/20/1998   Number	<u>.</u>		Applied F	<del>-</del> -	
<u> </u>	lace of Business	<del></del>	Address			2 6	<u>7-08.</u>	70 > 3	<u> </u>	Not Applic		
Suite, Apt. 6	# etc	26 Suite.	Apt. #, etc.	-						Addition		
22	.,	27	•			5. Ce	rtifcate of Status (	Desired	Fee	Required		
City & State	e .	City & 28	State				ection Campaign F ist Fund Contribut			O. May B		
Zip	Country	Zip		Coun	try	8. Thi	is corporation owe	s the current y	ear Intangible			
24	25	29	30	0			rsonal Property To			<u>  □</u> №		
	g. Name and Address	of Current Registered A	gent		31 Name	10. Na	me and Address	of New Regis	tered Agent			
JONE	es, steven l			ľ	1							
	NE 2ND AVE., SUITE :	216		[1	32 Street A	ddress (P.O.	Box Number is N	ot Acceptable)			1	
MELAN	II SHORES FL 33138			l l	33							
	•			-	na City				85 Z	p Code		
				- 1	City				FL			
11, Pursuant I	to the provisions of Section egistered agent, or both, in	ns 607.0502 and 607.1508	, Florida Statutes,	the abo	ove-named c	corporation su	of directors I her	ent for the purp eby accept the	ose of changing appointment as	its registe registered	red	
agent. I ar	m familiar with, and accept	the obligations of, Section	607.0505, Florida	a Statut	es.		OI OI OOO O			•	-	
agent. 1 ai SIGNATURE	m tamillar with, and accept	the obligations of, Section	1 607.0005, Florida	a Statut	es.				ATE		_	=
agent. 1 ai	m familiar with, and accept	the obligations of, Section	. (NOTE: Re	a Statut	es.	quired when reinsta		D.	ATE	TORS IN	_	(86/
agent. 1 ai SIGNATURE	Signature, typed or printed name of OFF	registered agent and the if applicable	. (NOTE: Re	a Statut	gent signature rec	quired when reinsta	eting)	D.	ATE	TORS IN	_	(11/98)
agent. 1 as SIGNATURE 12.	Signature, typed or printed name of OFF PD KANT, JON	the obligations of, Section registered agent and title if applicable ICERS AND DIRECTORS	. (NOTE: Re	gistered A	gent signature rec	quired when reinsta	eting)	D.	ATE RS AND DIREC	TORS IN	_	034 (11/98)
agent. 1 as SIGNATURE 12.	Signature, typed or printed name of OFF PD KANT, JON 12555 BISCAYNE BLV	the obligations of, Section registered agent and title if applicable ICERS AND DIRECTORS	. (NOTE: Re	13. 1.1 TITL 1.2 NAW	es. geni signature rec E E E EET ADDRESS	quired when reinsta	eting)	D.	ATE RS AND DIREC	TORS IN	_	2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-2P	Signature, typed or printed name of OFF PD KANT, JON	the obligations of, Section registered agent and title if applicable ICERS AND DIRECTORS	NOTE: Re	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CIT	gent eignature rec E E EE EET ADDRESS	quired when reinsta	eting)	D.	ATE  RS AND DIRECT  Change	TORS IN	12 ddition	CR2E034 (11/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of OFF PD KANT, JON 12555 BISCAYNE BLV	the obligations of, Section registered agent and title if applicable ICERS AND DIRECTORS	. (NOTE: Re	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITL 2.1 TITL	E EET ADDRESS	quired when reinsta	eting)	D.	ATE RS AND DIREC	TORS IN	_	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZPP  TITLE  NAME	Signature, typed or printed name of OFF PD KANT, JON 12555 BISCAYNE BLV	the obligations of, Section registered agent and title if applicable ICERS AND DIRECTORS	NOTE: Re	13. 1.1 TITL 12 NAW 1.3 STR 1.4 CIT) 2.1 TITL 22 NAW	ES.  Gent eigneture rec  E  EE  TADORESS  7-ST-ZIP  E	quired when reinsta	eting)	D.	ATE  RS AND DIRECT  Change	TORS IN	12 ddition	CR2E034 (11/98)
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SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of OFF PD KANT, JON 12555 BISCAYNE BLV	the obligations of, Section registered agent and title if applicable ICERS AND DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 TITL 12 NAM 1.3 STR 14 CITY 2.1 TITL 22 NAM 2.3 STR 2.4 CITY 3.1 TITL 32 NAM 3.3 STR 4.4 CITY 4.2 NAM 5.3 STR 5.3 TITL 5.2 NAM 5.3 STR	E EET ADDRESS - ST-ZIP E EET ADDRESS	quired when reinsta	eting)	D.	RS AND DIREC Chang	FORS IN A	12 ddition ddition	CR2E034 (11/98)
AGENTURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of OFF PD KANT, JON 12555 BISCAYNE BLV	the obligations of, Section registered agent and title if applicable ICERS AND DIRECTORS	DELETE  DELETE  DELETE  DELETE	13. 1.1 TITL 12 NAM 1.3 SIR 14 CITY 2.1 TITL 22 NAM 2.3 SIR 2.4 CITY 3.1 TITL 32 NAM 3.3 SIR 4.4 CITY 4.2 NAM 5.3 TITL 5.2 NAM 5.3 SIR 5.4 CITY 5.4 CITY 5.4 CITY 5.4 CITY 5.5 CITY 5.7 TITL 5.7 NAM 5.9 SIR 5.4 CITY 5.4 CITY 5.4 CITY 5.4 CITY 5.4 CITY 5.5 CITY 5.4 C	E EET ADDRESS - ST-ZIP	quired when reinsta	eting)	D.	Chang	CORSIN A	12 delition delition	CR2E034 (11/98)
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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 ooth; 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 attackment with an address, with all other like empowered.

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SIGNATURE REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

305-940-2121