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PROFIT . **CORPORATION ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

D	OCI	JΝ	/ENT	Γ#	P980	OO	<b>M9</b>	774	46
	_					$\sim$	-		$\cdot \cdot$

1. Corporation	POSE REAL ESTATE & IN			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place	e of Business	Mailing Address					
7200 GRIFFIN F	POAD	7200 GRIFFIN ROAD					
SUITE 3 DAVIE FL 33314	1	SUITE 3 Davie Fl 33314		DO NOT WRITE IN THIS SPACE			
ONTIL TE GOOT	•	DATE TE GOOT		3. Date Incorporated or Qualified			
				10/26/1998			
2. Principal P	lace of Business	2a. Mailing Address		4 FELNamber   Applied For			
1		26		65- 0874243 Not Applicable			
Suite, Apt.	#, etc.	Suite Apt #, etc		5. Gertificate of Status Desired 1 \$8.75 Additional			
2		27		Fee Required			
City & State	е	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	8. This corporation owers the current year Intengible			
4	25	the state of the s	30	8. This corporation owers the current year mangione Personal Property Tax [   Yes     No			
<u></u>	9. Name and Address of Curr		,	10. Name and Address of New Registered Agent			
444			81 Name	ogol & Iltrorp P A			
	RILAWYER		82 Street Add	legel & Utrera, P.A. dress (P.O. Box Number is Not Acceptable)			
	ALMERIA AVENUE			3 Almeria Avenue			
COH	AL GABLES FL 33134		83				
			84 City_	85 Zio Code			
			Cor	ral Gables FL 33134			
SIGNATURE	By:	Vice-Presion		poration solumits this statement for the purpose of changing its registered born's bound of directors. Thereby accept the appointment as registered  2./22./99  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TILE	PSTD	[.] DELETE	117006	[   Change			
IAME	PADAVATHIL, THOMAS		1.2 NAME				
TREET ADDRESS	7200 GRIFFIN ROAD		13 STREET ACCESSS				
HTY-ST-ZIP	DAVIE FL 33314		14 C(I) -57 -761				
ITLE	VD	["] DELETE	2.1 Tell.E	[   Change			
AME .	PACKAL, JOSEPH J		2.2 NAME				
TREET ADDRESS	7200 GRIFFIN ROAD		2.3 STREET ADDRESS				
ITY-\$T-ZIP	DAVIE FL 33314		2.4 CHY-\$1-76				
ITLE		[_] DELFTE	3.17111.E	7000027854444 -02/24/9901067014			
IAME			3.2 NAME	-02/24/9901067014			
TREET ADDRESS			33 STREET ADDRESS	****150.00 ****150.0			
ITY-ST-ZIP			34 CHY-\$1-Zift				
ITLE		[ ] DELFTE	4 1 THILE	[   Change   [   Addition			
AME			4-2 NAME				
TREET ADORESS			4.3 STREET ADDRESS				
ITY-ST-ZIP			44 0(1) - \$1 - 2(1)	t 100			
TLE .		[   DELETE	5 1 TIFLE 5 2 NAME	[   Change			
AME							
TREET ADDRESS			53 STREET A00%1 55				
XTY-ST-ZIP			6.4 CH Y-ST-ZE* 6.1 TRUE	Lienna Alle			
TLE		[   DELETE	67 NAME	[ Jewash: Theorem			
IAME				JUB 31			
TREET ADDRESS			63 STREET ADDRESS	7.10°			

14. Thereby 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 kgall effect as if made under oath, that I are an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. I torida 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:



PADIVATHIL THOMBE

954 430 9115