1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000095672**1. Corporation Name

SLMB, INC.

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90017 026 ***150.00



•				3181 31510 DENE 1886 HIJI 7881
Principal Place of Business	Mailing Address			41E1 E1110 E1111 10010 1101 1001
00 SE 2ND ST. 17TH FL Mami Fl 33131	100 SE 2ND ST. 17TH FL MIAMI FL 33131		DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualifed 11/12/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI, Number	Applied For
1	26		65-0876839	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			\$5.00 May Be Added to Fees
Zip Country		untry	This corporation owes the current year Inta Personal Property Tax.	angible □ Yes ♣No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
LICKSTEIN, FRED K		81 Name		
100 SE 2ND ST, 17TH FL		82 Street	Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33131		83		
		84 City	FL	85 Zip Code
 Pursuant to the provisions of Sections 607 office or registered agent, or both, in the St agent, I am familiar with, and accept the ob 	ate of Florida. Such change was authorize	ed by the comp	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoint	changing its registered ntment as registered

SIGNATURE Slepsture, board or crinted game of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung) DATE							
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re- OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PRES - DIRECTOR DELETE	1.1 TITLE	Change Addition				
NAME	MARIA K. I ICKSTEIN	1.2 NAME					
STREET ADDRESS	1 - c = 1 m = 1 5 T - 17 + 1 F C	1.3 STREET ADDRESS					
CITY-ST-ZIP	miami, I=L 33131	1.4 CITY-ST-ZIP					
TITLE	MILE POES ISER IN DECTOR DELETE	2.1 TITLE	☐ Change ☐ Addition				
NAME	BARRY N. SEMET 100 SE 2ND ST- 1749 FL	2.2 NAME					
STREET ADDRESS	AND CE 2 NO ST- 17th FL	2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33131	2.4 CITY+ST-ZIP	المحمد المستعدد المست				
TITLE	VILLE PRES / AST SEC / DIRECTOR	3.1 TITLE	☐ Change ☐ Addition				
NAME	HAMAN III GORDON	3.2 NAME					
STREET ADDRESS	HOWARD W. GOKDON 100 SE 2ND ST - 17 HA FL	3.3 STREET ADDRESS					
CITY-ST-ZIP	MIADIL FL 33121	3.4. CITY-ST-ZIP					
TITLE	VILE PRESIDIRECTOR DELETE PAUL S. BERGER 100 SE 2ND ST- 1746 FC	4.1 TITLE	☐ Change ☐ Addition				
NAME	DALL & DEACER	4.2 NAME ·					
STREET ADDRESS	IAN SEZNOST- 174 FL	4.3 STREET ADDRESS					
CITY-ST-ZIP	MUTAN, FL 33/31	4.4 CITY-ST-ZIP					
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition				
NAME		5.2 NAME					
STREET ADORESS		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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6.4 CITY-ST-ZIP					
	the state of the s	41 4-4-4 1-	Section 110 07/2V() Florida Statutes I further certify that the information				

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 informati 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: