FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90171 002 ***150.00

i. Corporatio	MENT # P9800 0 BILT & ROTH, INC.	098503									
Principal Place of Business Mailing Address					-	d 18811801 (18 18.0) 1811) Battl Bottl Bott Bott 1810 total 1811 Baron (111 (50)					
905 BRICKELL BAY DR. #1831 905 BRICKELL BAY DR. #1 MIAMI FL 33131 MIAMI FL 33131						DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed 11/23/1998					
2. Principal Place of Business 2a. Mailing Address 26			ess			4. FEI Number Applied For 65 - 0879155 Not Applicable					
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & State City & S			/ & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip 24	Country 25	Zip 29				8. This corporation owes the current year Intangible Personal Property Tax.					
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
RABENSEIFNER, HANNA 905 BRICKELL BAY DR. #1831 MIAMI FL 33131				82	Street	Address (P.O. Box Number is Not Acceptable)					
				84		FL 85 Zip Code					
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such chang	ie was autho	rized by	the come	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered					
SIGNATURE											
						required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE				1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
NAME	DISTRIBUTE DE LETE			1.2 NAME							

Signature, typed or printed name of registered agent and title it appricable. (NOTE: Registered Agent signature required when remissionly)											
12.	OFFICERS AND DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	D ∈ □ DELETE	1.1 TITLE			☐ Change	Addition					
NAME	PI\$TROWICZ, RUTH	1.2 NAME		•		Ì					
STREET ADDRESS	905 BRICKELL BAY DR. #1831	1.3 STREET ADDRESS			•						
CITY-ST-ZIP	MIAMI FL 33131	1.4 C/TY-ST-Z/P									
TITLE	DELETE	2.1 TITLE			☐ Change	☐ Addition					
NAME		2 2 NAME				ł					
STREET ADDRESS		2.3 STREET ADDRESS									
CITY-ST-ZIP		2.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		·						
TITLE	DELETE	3.1 TITLE			. · Change	Addition					
NAME		3.2 NAME				{					
STREET ADDRESS		3.3 STREET ADDRESS	*			}					
CITY-ST-ZIP		3.4. CITY-ST-ZIP									
TITLE	DELETE	4.1 TITLE			☐ Change	Addition					
NAME		4, 2 NAME				Ì					
STREET ADDRESS		4 3 STREET ADDRESS									
CITY-ST-ZIP		4.4 CITY-ST-ZIP									
TITLE	☐ DELETE	5.1 TITLE			Change	☐ Addition					
NAME		5.2 NAME									
STREET ADDRESS		5.3 STREET ADDRESS	•	•		Ì					
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		6.4 CITY-ST-ZIP	40 07(0\0) Flydd 9								

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR