

150.00-\$150.00

1999.

ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90004 047 ***150.00

DOCUMENT # P98000101184

1. Corporation Name
A.M. LE MODE, INC.

Principal Place of Business
999 PONCE DE LEON BLVD., SUITE 550
CORAL GABLES FL 33134

Mailing Address
999 PONCE DE LEON BLVD., SUITE 550
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1998

4. FEI Number

65089 8590

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required.6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOROS, ANDREW H ESQ.
999 PONCE DE LEON BLVD., SUITE 550
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME: PARDES, MICHAEL
STREET ADDRESS: 2800 ISLAND BLVD., PH4
CITY-ST-ZIP: AVENTURA FL 33160

2. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

3. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

4. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: *Michael Parades*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/1999 305 9355516

Date

Daytime Phone #

CR2E034 (5/99)