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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000101661

1. Corporation Name

GEORGE KOVACS INVESTMENTS, INC.

Mailing Address Principal Place of Business 55 N.E. FIRST STREET 55 N.E. FIRST STREET MIAMI FL 33132 MIAMI FL 33132 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/02/1998 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0883674 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 28 This corporation owes the current year Intangible
Personal Property Tax
Yes Country Zip Country Zip □No 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KOVACS, GEORGE Street Address (P.O. Box Number is Not Acceptable) 82 55 N.E. FIRST STREET MIAMI FL 33132 85 Zip Code City 84 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition □ DELETE 1.1 TITLE TITLE 1.2 NAME KOVACS, GEORGE NAME 1.3 STREET ADDRESS 55 N.E. FIRST STREET STREET ADDRESS MIAMI FL 33132 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change □ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition ☐ DELETE 6.2 NAME NAME 6.3 STREET ADDRESS 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

lovaris prus George KOVACS

305 530.1550

FILED Mar 09, 1999 8:00 am

Secretary of State

03-09-1999 90040 038 ***150.00

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