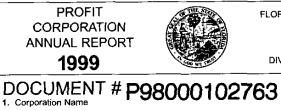
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90156 006 \*\*\*150.00

	TRUST ENTERPRISES AN	Mailing Address			
				}	
7710 HARDING AVENUE 7710 HARDING AVENUE MIAMI BEACH FL 33141 MIAMI BEACH FL 33141					
			•	DO NOT WRITE I	N THIS SPACE
			1	3. Date Incorporated or Qualifed	,
				12/09/1998	
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0884546	Not Applicable
Suite, Apt	., #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional See Required
22		27			
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current y	year Intangible Yes □No
24	25	29 3	<u>0</u> }	Personal Property Tax.  10. Name and Address of New Regi	
	9. Name and Address of Curre	ant Registered Agent	81 Name	10. Name and Address of New York	
KAH	N, DONALD J		Kobi	lca, Gorazd	
317 71ST STREET			82 Street Add	lress (P.O. Box Number is Not Acceptable) Harding Avenue	1
MIAMI BEACH FL 33141			83	Harding Avenue	
<del></del>		4		d Bresh	
	_		84 City	ami Beach,	FL 85 Zip Code 33141
44 D	4.4.4b	EO2 and A7/15/9 Elorida Statutos	the above named core	noration submits this statement for the nur	
office or agent. I SIGNATURE		10011900	horized by the corporat la Statutes. egistered Agent signature requir	poration submits this statement for the purion's board of directors. I hereby accept the	e appointment as registered
12.	Signature, typed or printed name of registered of	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PVST	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KOBILCA, GORAZD	_	1.2 NAME		
STREET ADDRESS	THE CHARGE IN CONTRACT	1	1.3 STREET ADDRESS		
	MIAMI BEACH FL 33141	V	1.4 CITY+ST-ZIP		
CITY-ST-ZIP TITLE	O DEACH PL 33141	☐ DELETE	2,1 TITLE		☐ Change ☐ Addition
	KOBILCA, GORAZD		2.2 NAME		
NAME	THE STATE OF THE S		2.3 STREET ADDRESS	- no	*
STREET ADDRES	MIAMI BEACH FL 33141		2.4 CITY-ST-ZIP	-	1
CITY-ST-ZIP	WIIAWII BEACITTE SST41	☐ DELETE	3.1 TITLE		Change Addition
TITLE			3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRES	*				
CITY-ST-ZIP TITLE	<del>                                     </del>	☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
	1		4. 2 NAME	•	
NAME	ا		4.3 STREET ADDRESS		
STREET ADDRES	S				
CITY-ST-ZIP TITLE	-	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
			5.2 NAME	•	T T
NAME	_		5.3 STREET ADDRESS		
STREET ADDRES	s		5.4 CiTY-ST-ZiP		*
CITY-ST-ZIP	<del> </del>	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE			6.2 NAME		·
NAME			6.3 STREET ADDRESS	•	· ·
STREET ADDRES	S.I.		A'S SIUTE! MÔNESS		

CITY-ST-ZIP The exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information face and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in other like empowered. 14. I hereby certify that the information supplied with this indicated on this annual report or supplied each of officer or director of the corporation or the receiver y Block 12 or Block 13 if changed, or or an attachmen

SIGNATURE:

01.20,99