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

DOCUMENT # \$13895

Principal Place of Business	Mailing Address				
2511 SOUTH DIXIE HIGHWAY NEST PALM BEACH FL 33401	2511 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33401				
2. Principal Place of Business	2a. Mailing Address				
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.				
21	Suite, Apt. #, etc.				

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90066 037 ***150.00



	<u>.</u>							
Principal Place of Business Mailing Address								
		2511 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33401			DO NOT WRITE IN THIS SPACE			
					Date Incorporated or Qualifed 11/20/1990			
2. Principal Place of E	3usiness	2a. Mailing Address			4. FEI Number Applied F	or		
21	•	26			65-0228838 Not Appli	cable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Addition Fee Required			
City & State		City & State			6. Election Campaign Financing \$5.00 May B	se ·		
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip (country		8. This corporation owes the current year Intangible			
24	25	29 30			Personal Property Tax. ☐ Yes ☐ No			
9 Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
1504 505			81	Name				
Levy, robert s. Suite 502, forum III 1655 Palm Beach Lakes Blvd. West Palm Beach fl 33401		82	Street Address (P.O. Box Number is Not Acceptable)					
		83						
			84	City	FL 85 Zip Code			
office or registere	d agent, or both, in the S	7.0502 and 607.1508, Florida Statutes, th State of Florida. Such change was author bligations of, Section 607.0505, Florida S	zed by	the corporation	ration submits this statement for the purpose of changing its register o's board of directors. I hereby accept the appointment as registere	ared id		
SIGNATURE		***			NATE .	_ !		

SIGNATURE	Signature, typed or printed name of registered agent and title if et	olicable. (NOTE: R	egistered Agent signature re	quired when reinstating)	DATE				
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
TITLE	P	☐ DELETE	1.1 TITLE			Change	☐ Addition		
NAME	JAHAM, ALAIN DE		1.2 NAME						
STREET ADDRESS	2511 S. DIXIE HIGHWAY		1.3 STREET ADDRESS						
CITY-ST-ZIP	W PALM BCH. FL		1.4 CITY-ST-ZIP						
TITLE	ST	☐ DELETE	2.1 TITLE			Change	☐ Addition		
NAME	SEIGNER, GERTRUDE		2.2 NAME						
STREET ADDRESS	2511 S. DIXIE HIGHWAY		2.3 STREET ADDRESS				;		
CITY-ST-ZIP	W PALM BCH. FL		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						
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						
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						
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 changes or on an attackment with an address, with all other like empowered.