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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90155 027 ***158.75

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1999

DOCUMENT # S16664

ERIC BUERMANN, P.A.

Principal Place	e of Business	Mailing Address		I (BOIGE IS AB) II DIA OILLE ATLIA BATTA DIBLA	Mit didte midel fillt fillt aibit taut
3596 MAIN HWY MIAMI FL 33133		3596 MAIN HWY MIAMI FL 33133		DO NOT WRITE IN THIS SPACE	
JS		US		3. Date Incorporated or Qualifed	
				12/04/1990	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
1 6075 S.W. 92 Street 26 6075 S.W. 92		Street	59-2455122	Not Applicable	
Suite, Apt. #, etc.			5. Certifcate of Status Desired 🗓	\$8.75 Additional Fee Required	
2		27			
City & Stat Miami	e Fl	City & State Miami, FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year	
7 22156	USA USA	29 33156 30	1 LICA	Personal Property Tax.	☐ Yes XXNo
4 33150	9. Name and Address of Curr			10. Name and Address of New Registe	red Agent
			81 Name		
BUE	rmann, Eric		82 Street Address (P.O. Box Number is Not Acceptable)		
3588 MARAHMY			c/o Republican Party of Florida		
AMA	MIXFLX33133X		⁸³ 9200	S. Dadeland Blvd. Suite	417
			84 City		85 Zip Code
			Miam		FL 33156
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes, te of Florida. Such change was autho	the above-named co orized by the corpora	orporation submits this statement for the purpos ation's board of directors. I hereby accept the a	e of changing its registered ppointment as registered
agent. I a	m familiar with, and account the obli	gations of, Section 607.0505, Florida	Statutes.	ation's board of directors. I hereby accept the a	2/11/20
SIGNATURE	- Marin	Eric_Buermar	nistered Agent signature requ	ired when reinstating) DATI	3/4/79
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE		Change
NAME	BUERMANN, ERIC		1.2 NAME		
STREET ADDRESS	AFAO MANULINARY		I I.3 STREET AUURESS 1	6075 S.W. 92 Street	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33156	
TITLE		☐ DELETE	2.1 TITLE	 -	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	-	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		C OS C Addition
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		C DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		C Ollarige
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 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		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

REERIC Buermann, Director

CR2E034 (11/98)