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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$22918 1. Corporation Name

DUI MONARY ASSOCIATES OF PEMBROKE PINES INC

POLINONALITY AGGODIATED OF FEM	ADNORE I INCO, INC.			
Principal Place of Business	Mailing Address			
8881 SW 107 AVE	7700 N. KENDALL DRIVE			•
#212	SUITE #415		DO NOT WITH	TE IN THE OBACE
MIAMI FL 33176 MIAMI FL 33156		÷		TE IN THIS SPACE
	US		3. Date Incorporated or Qualifed 01/07/1991	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0233424	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	27		·	'Fee Required
City & State	City & State		6. Election Campaign Financing	□ \$5.00 May Be
23	28	On white	Trust Fund Contribution	Added to Fees
Zip Country	· — ·	Country	8. This corporation owes the curr	ent year Intangible ☐ Yes ☐ No
24 25 25 25		30	Personal Property Tax. 10. Name and Address of New F	•
9: Name and Address of Curren	it Kegistered Agent	81 Name	10. Name and Address of New P	registered Agent
LEITMAN, LORN		VI Name	· .	
7700 N KENDALL DR #405		82 Street Add	ress (P.O. Box Number is Not Accepta	able)
SUITE 107-A		83	1 19 34 3 3 4 12 12 13 14 14 13 15 15 15 15 15 15 15 15 15 15 15 15 15	人口 · 电设置线线 四种经验检验 医肠管 经银行 医线线 医髓线
14114 61 00450		63		
I - MIAMI FL 33156		84 City	ार्च स्थापित की विकास की किया की	85 Zip Code
MIAMI FL 33156				FL S S S S S S S S S
dode district a del	7500 T 4 N 5		*	
11 Pursuant to the provisions of Sections 607 050	2 and 607.1508, Florida Statute of Florida. Such change was a	es, the above-named corp uthorized by the corporation	poration submits this statement for the on's board of directors. I hereby accept	purpose of changing its registered
dode district a del	of Florida, Such change was a	uthorized by the corporation	poration submits this statement for the ion's board of directors. I hereby accept	purpose of changing its registered
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90001 006 ***150.00