PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$28467

1. Corporation Name

HEDGE FUND MANAGEMENT CORP.

Principal Place of Business Mailing Address						(1881/819)10 11801 1811 1811 1811 1811	B.W. 61811 41411 BI	
8401 SW 16 TERR. 8401 SW 16 TERR.								
MIAMI FL 33155 MIAMI FL 33155								
						DO NOT WRITE IN THIS	SPACE	 1
						3. Date Incorporated or Qualifed		
						01/29/1991		
2. Principal Pl	ace of Business	2a. Mailing Address			,	4. FEI Number	App	olied For
21		26				65-0242563	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22		27				3. Certificate of Status Desired	Fee Rec	quired
City & State	9	City & State				6. Election Campaign Financing	\$5.00 #	May Be
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year in	tangible	
24	25	29	0			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent	<u> </u>			10. Name and Address of New Registered	Agent	
	1			81	Name			
SAEGER, WILLIAM B				82	04	ress (P.O. Box Number is Not Acceptable)		
8401 SW 16 TER.				02	Street Addr	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33155				83				
·								
				84	City	Fl	_	Code .
l office or o	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such change was auti	กดศฑลด	DV I	-named corp the corporation	oration submits this statement for the purpose o on's board of directors. I hereby accept the appo	f changing its i intment as reg	registered pistered
SIGNATURE						DATE		<u> </u>
	Signature, typed or printed name of registered again		13.	Agent	signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	1.1 TIT	15		ADDITIONS/CITANGES TO GITTOERG A	Change	Addition
) πr.E								
NAME	SAEGER, WILLIAM B							
STREET ADDRESS	•		1.3 STI	REET	ADDRESS			
CITY+ST-ZIP			1.4 CIT		-ZIP			C Addison
TITLE	☐ DELETE 2.11		2.1 TIT	LE			Change	Addition
NAME			2.2 NA	ME				
STREET ADDRESS	S		.2.3 STI	REET.	ADDRESS	and any and the second of the second		
CITY-ST-ZIP	· ·		2.4 CF	TY-S1	T-ZIP			
TITLE	DELETE 3.1		3.1 777	3.1 TITLE			Change	☐ Addition
NAME			3.2 NA		1			}
STREET ADDRESS			3.3 ST	REET	ADDRESS			
CITY-ST-ZIP	•		3.4. Cf	TY-S1	T-ZIP	•		
TITLE		☐ DELETE	4.1 TIT	_		*****	Change	Addition
NAME	• .		4. 2 NA					
	•	•	1		ADDRESS			ļ
STREET ADDRESS	•		1					
CITY-ST-ZIP		☐ DELETE	4,4 CIT		-217		☐ Change	Addition
L CITE 6								

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, or on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

Addition

Change

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90034 012 ***150.00