PROFIF CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT, OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Jun 04, 1999 8:00 am Secretary of State 06-04-1999 90006 038 ***150.00

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 Corporatio 	n Name					
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						AN ALKI 1341
Principal Plac	e of Business	Mailing Address		, , , , , , , , , , , , , , , , , , , ,	0.00	
18260 N.E. 19TH AVE. 18860 N.E. 19TH AVE. SUITE 202 SUITE 202		DO NOT WRITE IN THIS SPACE				
N. MIAMI BEAC	CH FL 33162	n. Miaini Beach fl 33162		3. Date Incorporated or Qualified	-	
		' /				
·		2n Mailing Address		03/28/1991 4. FEI Number	Apr	lied For
_	Place of Business	2a. Mailing Address	KINS CPA	65-0265766		Applicable
21	* **	/			\$8.75 A	
Suite, Apt.	#, etc.	27 9121 N. MILIT	RY TR. # 222	5. Certificate of Status Desired	Fee Re	guired
City & Stat	te	City & State 28 PA: P B.F.A.	Country 1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 i	
Zip	Country	Zip 33410	Country			-
24	25		30 USA	Personal Property Tax.		□No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registere	1 Agent	
pnq	SENFELD, ALEXANDER, M.			ARY HUPKINS C.P.	 _	
182	60 N.B. 19TH AVE.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	#222	1
	LE SAS		83	1 W. AIRTING		
NO	RTH MIAMI BEACH FL 33162					
1101	(111 ms di		84 City	They BEACH SANDENS F	85 792	0 0 E
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statul	s, the above-named cor	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its	registered sistered
office or a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a ations of, Sejction 607.0505, Flo	ida Statutes.		-	,
SIGNATURE	$\Delta \Delta $	to L		6-28	-99	
SIGNATURE	Signature, typed or priviled name of regulared age	··· - 7 I · · · · · · · · · · · · · · · · · ·	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS /		PS IN 12
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	DST	() VELETE	1.1 TITLE 1.2 NAME			
NAME	MEIR, GUIDO					
STREET ADDRESS			1.3 STREET ADDRESS			
CTTY-ST-ZIP	N. MIAMI BEACH FL	DELETE	1.4 City-St-ZIP 2.1 Title		Change	Addition
TITLE	P POOR IS NOT A STANDER OF		22 HAME			_
NAME	ROSENFELD, ALEXANDEER M	ļ.	2.3 STREET ADDRESS			
STREET ADDRESS	,		3			
CITY-ST-ZIP	N. MIAMI BEACH FL	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change	Addition
TITLE		_ v	3.2 NAME			
NAME		•	3.3 STREET ADDRESS			
STREET ADDRESS			3.4. CITY-ST-ZIP			
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.1 THLE		☐ Change	Addition
-	1		4,2 NAME			
NAME	.]		4.3 STREET ADDRESS			
STREET ADDRESS	•		4.4 CITY-ST-ZIP			
CITY-ST-ZIP	 	☐ DELETE	5.1 TITLE		Change	Addition
TITLE	1		5.2 NAME		-	
NAME	1		5.3 STREET ADDRESS			
STREET ADDRESS	5]		5.4 CITY-ST-ZIP			
CITY: ST-ZIP	 	☐ DELETE	6.1 TITLE		☐ Change	Addition
TITLE		ت عصداد	6.2 NAME			
NAME	ł		6.3 STREET ADDRESS			
STREET ADDRESS						

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

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Æ: