

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

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90001 006 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S428081 (3)**  
 1. Corporation Name  
**UNIT 1207 CORP**

Principal Place of Business <b>2800 ISLAND BLVD 1207 N. MIAMI BEACH FL 33160</b>	Mailing Address <b>c/o DAVID ORLOWSKY, C.P.A. 407 LINCOLN RD., SUITE 10L MIAMI BEACH, FL 33139</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

3. Date Incorporated or Qualified <b>4-3-1991</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>65-0319103</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**ORLOWSKY DAVID CPA  
 407 LINCOLN ROAD  
 #10L  
 MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	<b>PD HARARI SACQUEZ</b>	<b>2800 ISLAND BLVD #1207 AVENTURA FL 33160</b>		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	<b>VST HARARI LYDIA</b>	<b>2800 ISLAND BLVD #1207 AVENTURA FL 33160</b>		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	<b>JD HARARI FRIDA D</b>	<b>2800 ISLAND BLVD AVENTURA FL 33160</b>		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 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.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)

**DAVID ORLOWSKY**  
*Certified Public Accountant*  
407 LINCOLN ROAD - SUITE 10L  
MIAMI BEACH, FLORIDA 33139-3008  
TEL: (305) 534-0005  
FAX: (305) 534-3957

S42808  
588422-90001-6

June 28, 1999

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

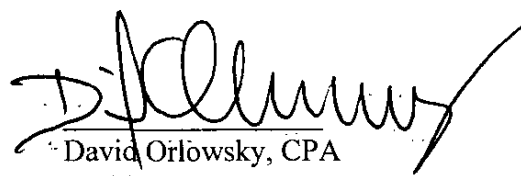
RE: Unit 1207 Corp.  
2800 Island Blvd.  
Aventura, FL 33160  
FEI # 65-0319103

To whom it may concern,

I am writing to you as the registered Agent for the above corporation. Earlier this year, when I received the Annual Report form for the year 1999, I mailed it to my clients Mr. & Mrs. Harari who are the officers of this corporation and who live in Caracas Venezuela. They signed it and mailed it with a check in the amount of \$150. Since the check has not cleared their bank in 3 months, we assume it got lost in the mail. Mr. & Mrs. Harari came to Miami this week to sign a replacement form and we are sending it to you with another check for \$150.

We request that you accept this filing and do not charge a larger amount, since they filed on time. Thank you for your attention to this matter. If you need any additional information please contact me.

Very truly yours,

  
David Orłowski, CPA  
Resident Agent