SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address 25 S.E. 2ND AVENUE

SUITE 220

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

25 S.E. 2ND AVENUE SUITE 220

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S46051

BLACK LACE INVESTMENTS, INC.

MIAMI FL 33131	1	MIAMI FL 33131			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
{					04/17/1991	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0255566	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
		27		3. Certificate of Status Desired	Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year	. –
24	25	29	30		Intangible Personal Property.	Yes No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered A	.gent
500	EN DODIO		81	Name		
	EN, BORIS		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
1	E 2ND AVENUE					
	E 220		83	1		
MIAN	AI FL 33131			0.7		Tool 75- Cada
[84	City	FL	85 Zip Code
11. Pursuani	t to the provisions of sections 607.050	2 and 607.1508. Florida Statut	tes, the above	-named corpor	oration submits this statement for the purpose of cha	nging its registered
l office or	registered agent, or both, in the State	of Florida. Such change was	authorized b	y the corporation	ion's board of directors. I hereby accept the appoint	ment as registered
agent. I	am familiar with, and accept the oblig	ations of, section 607.0505, F	iorida Statute	s.		
SIGNATURE	Signature, typed or printed name of registered age	at and title if applicable //	JOTE: Registered	Agent signature regu	uired when reinstating) DATE	
12.		ND DIRECTORS	13.	- agorit signation to de	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	DPS	DELETE	1.1 TITLE	_ -		Change Addition
NAME	ROSEN, BORIS		1.2 NAME	ł	_	
STREET ADDRESS	25 S.E. 2ND AVE. #220		•	T ADDRESS		
	MIAMI FL		1.4 CITY-S			
CITY-ST-ZIP	DT	DELETE	2.1 TITLE	11-21		Change Addition
NAME	ROSEN, JEANNE	. DECE16	2.2 NAME	1	L	_ Change Addition
	25 S.E. 2ND AVE. #220	-	1	T ADDRESS	. 🗻	
STREET ADDRESS	MIAMI FL					
CITY-ST-ZIP	INIMINI TL		2.4 CITY-S 3.1 TITLE	1-ZIP		Tata District
TITLE		DELETE			L	Change Addition
NAME			3.2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			3.4 CITY-S	T-ZIP	_	
TITLE ***		DELETE	4.1 TITLE		L	Change [Addition
NAME			4.2 NAME			
STREET ADDRESS	}		4.3 STREE	TADDRESS		
CITY-ST-ZIP		···	4.4 CITY-S	T-ZIP		
TITLE		DELETE	5.1 TITLE		L	Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
MALE]		6 2 NAME	J	_	• —

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 feceiver 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 Managed, or on an attachment with an address.

FILED Sep 22, 1999 8:00 am Secretary of State

09-22-1999 90006 050 ***550.00

DO NOT WRITE IN THIS SPACE