PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # S66400 CE INVESTMENT INC.						e e.e	
Principal Place	e of Business	Mailing Address) (Main nyin miyi) miyi mimil mi	ים נגשום ונשום ונשם ונוס	ם וופוס וופ	ישפו וותוק וותו
280 BAL CROSS DR. 280 BAL CROSS DR.								
BAL HARBOUR	FL 33154	BAL HARBOUR FL 33154		Ì	DO NOT WO	ITE IN THIS SPA	CE	
					Date Incorporated or Qualifed			
				"	07/16/1991			
2. Principal Pl	ace of Business	2a. Mailing Address		4	FEI Number		Apı	plied For
21		26		1	65-0339082		No	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Certifcate of Status Desired	\$		dditional
22		27			Controdite of Omitias President		Fee Re	quired
City & State	e	City & State		6	Election Campaign Financing	((55.00	•
23 Zip	Country	28 Zip	Country		Trust Fund Contribution		Added to	rees
	25	29 3	_	8	This corporation owes the curl Personal Property Tax.	rent year intangit		□No
24	9. Name and Address of Curren		1	10	Name and Address of New			
			81 Nar		_ 			•
	ilera, guido a. Ponce de Leon Blvd.		82 Stre	et Address (P.O. Box Number is Not Accept	able)		
CORAL GABLES FL 33134			83					
			0.0		·			
			84 City	1		FL 8	Zip C	Code
11. Pursuant t	to the provisions of Sections 607.050	12 and 607 1508 Florida Statutes	the above par	ned cornoratio	on submite this statement for the		aina its	registered
		z and our rood, i fortua otaliques	s, the above-half	,00 t-1,p0,0	on additing this agreement for the	parpood of one.	33	, cgibio, ca
office or re agent. I ar	egistered agent, or both, in the State	of Florida. Such change was aut	horized by the c	orporation's b	poard of directors. I hereby acce	pt the appointme	nt as rec	gistered
agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	horized by the c	orporation's b	poard of directors. I hereby acce	pt the appointme	nt as rec	gistered
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90068 021 ***150.00