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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State. DIVISION OF CORPORATIONS

DOCUMENT # S83433

, P.H.L. I	HAUING CURP							
Principal Place of Business Mailing Address						ALBEN KIRKI KIRNI A	1811 B1811 1 98 1	
5505 SOUTH DIXIE HIGHWAY 5505 SOUTH DIXIE HIGHWAY								
W PALM BEACH FL 33405 W PALM BEACH FL 33405							. •	
	*				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE		
٠.					09/27/1991	•	, ,	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For	
26					22-3194486	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 /		
27					5. Certificate of Status Desired	Fee Re	quired	
City & State City & State					6. Election Campaign Financing	\$5.00		
28					Trust Fund Contribution	- Added t	o Fees	
			Countr	ry _.	8. This corporation owes the current year In	tangible Yes	□No	
24	25 9. Name and Address of Curre	<u> </u>	0		Personal Property Tax. 10. Name and Address of New Registered			
	9. Name and Address of Curre	nt Registered Agent	8	1 Name	10. Italia dia maaroo oi itok kagistatas	, rigotic		
LIAPES, PETER								
5505 SOUTH DIXIE HIGHWAY				2 Street Add	dress (P.O. Box Number is Not Acceptable)	orano mandral da Para M		
W PALM BEACH FL 33405			8:	83				
			-	84 City 85 Zip Cöde****				
				' '	Fl	- `		
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida Statutes	the abo	ve-named corp	poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	f changing its	registered	
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obligi	of Florida. Such change was autoations of, Section 607.0505, Florid	nonzed b la Statute	y tne corporati s.	ion's board of directors. I hereby accept the appo	munem as re	gistered	
SIGNATURE					·			
	Signature, typed or printed name of registered ago		•	ent signature require	ed when reinstating) DATE	ND DIDECTO	DC IN 42	
TITLE	OFFICERS AI	ND DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
NAME	LIAPES, PETER	_ DELETE	1.2 NAME	1	2: 319459			
STREET ADDRESS	AL PROP A PROP LINES			ET ADDRESS	·		'	
CITY-ST-ZIP	W DALL BEACH E			ST-ZIP				
TITLE	W CACH DEADTITE	DELETE	2.1 TITLE			☐ Change	Addition	
NAME	·		2.2 NAME	.	••			
STREET ADDRESS			2.3 STRE	ET ADDRESS			•	
CITY-ST-ZIP			2.4 CITY-	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE	. ,	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STRE	ET ADDRESS	1. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	15-45-45-4	36,000,000	
CITY-ST-ZIP			3.4. CITY		- 1 日本		12 14 14 14	
TITLE		☐ DELETE	4.1 TITLE		্ৰান্ত কৰি কৰিছে কৰিছে বিশ্ব নিৰ্দেশ কৰিছে	Change	Addition	
NAME			, 4. 2 NAMI					
STREET ADDRESS				ET ADDRESS			٠ [
CITY-ST-ZIP		□ DELETE	4.4 CITY- 5.1 TITLE			Change	Addition	
TITLE			5.1 THLE 5.2 NAME	· I	· property of the control of the con			
NAME.			•	ET ADDRESS				

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 by pn an attachment with an address, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

DELETE

581- 582-2281

Change

FILED

Feb 09, 1999 8:00am

Secretary of State 02-09-1999 90015 041 ***150.00