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**

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90008 003 ***158.75

DOCUMENT # S93148				01-22-1999 90008 003 *****158.75	
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Principal Pl	ace of Business	Mailing Address			
1000E ANN 00 OT					armie mediti Arati Medit Medit (00)
MIAMI FL 33		10825 NW 33 ST. Miami FL 33172			
US		US		DO NOT WRITE IN TH	S SDACE
				3. Date Incorporated or Qualifed	3 GFACE
0 Deiit	Di co			11/12/1991	
<u> </u>	Place of Business	2a. Mailing Address	···	4. FEI Number	Applied For
Suite, Ap	at # etc	26		65-0294860	Not Applicable
22	π, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27 27 City & State City & State			X	Fee Required	
23		28		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation owes the current year In	
	Name and Address of Cu	rrent Registered Agent	100	Personal Property Tax. 10. Name and Address of New Registered	Yes □No
· \A/E	NININ HELMITH	N. Committee of the Com	81 Name	Italian	Agent
	NNIN, HELMUTH 925 NW 33 ST.		82 Street Add	tress (P.O. Box Number is Not Acceptable)	
	MI FL 33172		Street Add	mess (F.O. Box Number is Not Acceptable)	
1916			83		14 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			84 City	<u></u>	
144 Duréum	t to the provisions of Santian Con-	0000		Fi	85 Zip Code
office or	registered agent, or both, in the St	0502 and 607.1508, Florida Statut ate of Florida. Such change was a	es, the above-named com uthorized by the cornorati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	changing its registered
		ligations of, Section 607.0505, Flo	rida Statutes.	is to sould of directors. Thereby accept the appo	intment as registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE:	Boolets A.		
12,		AND DIRECTORS	Registered Agent signature require 13.		
TITLE	D	☐ DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12 ☐ Change ☐ Addition
NAME	WENNIN, HELMUTH		1.2 NAME		
STREET ADDRESS	10000 1111 00 011		1.3 STREET ADDRESS		ĺ
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WENNIN, RUDOLF		2.2 NAME		
STREET ADDRESS	10000 1111 00 011		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
NAME	No. 1	☐ DELETE	3.1 TITLE		☐ Change _ ☐ Addition
STREET ADDRESS	the feet you have	•	3.2 NAME		
CITY-ST-ZIP	()		3.3 STREET ADDRESS		
TITLE		☐ DELETE	3.4. CITY-ST-ZIP		1 2 × 12 × 13 1
NAME .		E) Dette le	4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	, ,		4. 2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE			4.4 CITY-ST-ZIP		
NAME		☐ DELETE	5.1 TITLE		
STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
	r _k	☐ DELETE			Change Addition
CITY-ST-ZIP	9	☐ DELETE	5.2 NAME		L Change L Addition
ITTLE	4.1	☐ DELETE	5.2 NAME 5.3 STREET ADDRESS		
	9 8 %		5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
ITTLE	4.1		5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		

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 suppliemental 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:

(305) 591-4032