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 Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90042 038 ***150.00

DOCUMENT # S95881

THE PAR	PER PEOPLE, INC.					
Principal Place of Business Mailing Address 1708 ALTON ROAD 1874 WEST AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 US			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed 11/21/1991		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Nu nber 65-0299023		ied For Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.			\$8 75 Ac	
22	,,	27		5. Certificate of Status Desired	Fee Req	ามired
City & S at	e	City & State		6. Election Campaign Financing	, \$5.00 N	
23		. 28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current		[]No
24	9. Name and Address of Curre		10	Personal Property Tax. 10. Name and Address of New Regi		
	5. Name and Add ess of Curre	nt Registered Agent	81 Name 1		ZALMA	1
FELL	lig, sonny zalman		82 Street Add	FLLIG SONNY	<u> </u>	
4 444 PINE TREE DRIVE			Street AV	dress (P.O. Box Number in Not-Acceptable	REE DR	
MIAIM	MI BEACH FL 33140		83	1		
			84 City M	25001)	FL 85 Zip C	ode
44 0		00 1 007 4500 Florida Status	the should named son	poration submits this statement for the pur		
office or r	to the provisions or Sections 607.05 egistered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. Such change was સર્ધા	norized by the corporat	ion's board of cirectors. I hereby accept th	e appointment as reg	stered
SIGNATURE		DIOT :	Registered Agent signature requi	and when constatued	DATE	
12.	Signature, typed or printed naine of registered ag	NI DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		S IN 12
TITLE	D	☐ DELETE	1.1 THTLE		☐ Change	Addition
NAME	FELLIG, CHRISTINE		1.2 NAME			
STREET ADD	4235 PINE TREE DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP			
TITLE	VP.	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	<u>FELLIG, SONNY Z</u>		22 NAME			
STREET ADDRESS	4444 PINE TREE DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL		2 4 CITY-ST-ZIP			F-1
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME	FELLIG, SOLOMON		3.2 NAME			
STREET ADDRESS	3115 PINE TREE DR		3.3 STREET ADORESS			
CITY-ST-ZiP	MIAMI BEACH FL		3.4. CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE		Change	[_] Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	Addition
TITLE		- Detere	5.2 NAME		s.i.z.i.ge	
NAME			5.3 STREET ADDRESS			
STREET ADDRESS			5.4 CITY-ST-ZIP			
TITLE		DELETE	61 TITLE		☐ Change	Addition
NAME			6.2 NAME		_ - -	
			6.3 STREET ADDRESS			
STREET 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 is rupelemental 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 2 or Block 13 it alternate, or on an attachment with an address, with all other like empowered. 2. FelliG Vice Fras

SIGNATURE:

OFFICE ? OR DIRECTOR