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 09, 1999 8:00 am Secretary of State

04-09-1999 90039 046 ***150.00

1. Corporation	MENT # V06012 , LERMAN, BENTE & WHIT							
	<u>.</u>		_				JOH BANDA BUDA B	
Principal Place	· :	Mailing Address						
100 SE 2ND STREET 100 SE 2ND STREET SUITE 2620 SUITE 2620								
MIAMI FL 33131	1	MIAMI FL 33131				DO NOT WRITE IN THIS SPACE		
US US						3. Date Incorporated or Qualifed		
						01/13/1992	.	
_ `	lace of Business	2a, Mailing Address				4. FEI Number	⊢	plied For t Applicable
21	4 oto	Suite Ant # etc	Suite, Apt. #, etc.			65-0306095	\$8.75	
Suite, Apt.	#, etc.		27			5. Certifcate of Status Desired	Fee Re	I
22) City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23	_	28				Trust Fund Contribution	Added t	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year In	angible	ا بد
24		29	30			Personal Property Tax.	Yes	XNo
	9. Name and Address of Curre	nt Registered Agent		24		10. Name and Address of New Registered	Agent	
CMO	NED BONCE I			81	Name			
SMOLER, BRUCE J.				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
2620 NATIONSBANK TOWER 100 SE SECOND STREET				83				
MIAMI FL 33131								
MULAN	M 1 C 00 10 1			84	City	FL	85 Zip (Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligation of the section of the sec	ations of, Section 607.0505, Pic	oriua Stati	utes.		poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	99	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AF		
TITLE	PD	☐ DELETE 1.1 T		TLE			Change	☐ Addition
NAME	OMOLEN, DIOCE		1.2 N/	1.2 NAME				ì
STREET ADDRESS	100 02 2(10 0), 00:12 2020		1.3 \$1	TREETA	ADDRESS			,
CITY-ST-ZIP				1.4 CITY-ST-ZIP			☐ Change	Addition
TITLE	,D		2.1 TI		İ		☐ Change	[Addition
NAME	LERMAN, CARLOS		2.2 N	-				
STREET ADDRESS	100 02 2110 01, 00112 2020				ADDRESS			}
CITY-ST-ZIP TITLE			3.1 TI	ITY-ST-			Change	:Addition
NAME	ENTE VATUICEN		32 N					
STREET ADDRESS	400 OF OND OF CHITE OCCO.				ADDRESS			
CITY-ST-ZIP	the state of the s		1	XTY-ST-				
TITLE		☐ DELETE	FE 4.1 TITU				Change Change	☐ Addition
NAME	'		4. 2 N	IAME				
STREET ADDRESS	f , '',		4.3 S	TREETA	ADDRESS	•		}
CITY-ST-ZIP	4.4		4.4 C	TY-ST-	ZIP			
TITLE	,	☐ DELETE	5.1 TI				Change	☐ Addition
NAME		•	5.2 N		ĺ		•	
STREET ADDRESS		•			ADDRESS			Ì
CITY-ST-ZIP			5.4 CI 6.1 Ti	ITY-ST-	ZIP		☐ Change	Addition
TITLE		☐ DELETE	6.1 II				change	
NAME	,				ADDRESS			Ţ
STREET ADDRESS	1		0.00					1

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.

6.4 CITY- ST-ZIP

SIGNATURE:

CITY-ST-ZIP