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 Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90254 038 ***150.00

DOCU 1. Corporation FAROPE						
Dringing Dtop	o of Business	Mailing Address			414 BYEN BIBIN BIBIN BIBIN BIBIN	H
, , , , , , , , , , , , , , , , , , , ,					•	
6770 STIRLING RD. 6770 STIRLING RD. HOLLYWOOD FL 33024 HOLLYWOOD FL 33024				·		
				. DO NOT WRITE IN T	IS SPACE	
				3. Date incorporated or Qualifed	•	1
				07/17/1992		\dashv
⊢ .	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	-
26 Suite, Apt. #, etc. Suite, Apt. #, etc.			65-0418405	Not Applica		
	#, etc.	⊢¬ ' ' '		5. Certifcate of Status Desired	\$8.75 Additiona Fee Required	*) [
City & Stat	<u> </u>	27 City & State		6. Election Campaign Financing		\dashv
23	•	28		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year		-
24	25	<u>⊢</u> ¬ ' .	30	Personal Property Tax.	Yes No	ļ
	9. Name and Address of Curren			10. Name and Address of New Register	ed Agent	
			81 Name		•	
	EDNIK, AARON		82 Street Add	ress (P.O. Box Number is Not Acceptable)		-
6770 STIRLING RD. HOLLYWOOD FL 33024			02 Street Add	ress (F.O. Box Number is Not Acceptable)	•	ĺ
			83			
			84 City		85 Zip Code	
			04 City	·	2ip Code	
SIGNATURE	Signature, typed or printed name of registered agen		Registered Agent signature require		<u></u>	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1,1 TITLE	•	☐ Change ☐ Add	aition
NAME	PEREDNIK, AARON		1.2 NAME			
STREET ADDRESS	AV CORRIENTES 1437 PISO 4		1.3 STREET ADDRESS.			
CITY-ST-ZIP	BUENOS AIRES ARGENTINA		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Add	alagn
NAME			2.2 NAME		•	ĺ
STREET ADDRESS			2.3 STREET ADDRESS			ļ
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		☐ Change ☐ Ado	dition
TITLE		☐ DELETE	3.1 TITLE	•	L; Griange ∐ Adi	aruUII
NAME			3.2 NAME	•	-	
STREET ADDRESS			3.3 STREET ADDRESS			}
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Ado	dition
NAME			4.1 NAME			
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS			
			4.4 CITY-ST-ZIP			ĺ
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Ado	dition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		•	ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP			ĺ
TITLE		☐ DELETE	6.1 TITLE	-	☐ Change ☐ Add	dition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			{
			64 CITY, ST. ZIP			Ì

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 address, with all other like empowered.

SIGNATURE:

ATURE AND TYPES OR PRINTED WAME OF SIGNING OFFICER OR DIRECT

PEREDNIK 02-18-99

Daytime Pho

R2E034 (11/98)