PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90144 024 ***150.00

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1. Corporation	VIEN 1 # V56372				
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Principal Place	of Business	Mailing Address		T SOUTH DISTON DITTO USING THE HOURS HIGH DIGHT GIBLS GIBLS GEBEN GEBEN COR	1
2233 SE 13 ST		5132 NE 5 AVENUE			
POMPANO BCH		FT. LAUDERDALE FL 33334		DO NOT WRITE IN THE CRACE	
US		US		DO NOT WRITE IN THIS SPACE	\neg
				3. Date Incorporated or Qualifed	1
9 5	I (D:	2a. Mailing Address		08/05/1992 4. FEI Number Applied For	
	lace of Business		3 AVEN		e e
Suite, Apt.	# etc	26 13 00 0.00, Suite, Apt. #, etc.	U FIVE IVI	\$8.75 Additional	\neg
22	,, 5.0.	27		5. Certificate of Status Desired - Fee Required	
City & Stat	e	City & State	2001	6. Election Campaign Financing S5.00 May Be	
23		28 Pombaro	136 HL	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	-
24	25	29 33060 30	ี	Personal Property Tax.	_
	9. Name and Address of Current	Registered Agent	2.1	10. Name and Address of New Registered Agent	\dashv
WO.	ENIO EDIVIDO D. ID		81 Name	SAME	
	ENIC, EDWARD R., JR.		82 Street A	Address (P.O. Box Number is Not Acceptable)	
	NE 5 AVE.		150	o sw 3 avenue	_
. FI. I	AUDERDALE FL 33334		83		ļ
-			84 City	mpan Bch FL 85 Zip Code 33060	П
			Po		<u>) </u>
office or r	agistared agent or both in the State A	f Florida. Such change was auth	norized by the como	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutés.		
SIGNATURE		WOTE 6	egistered Agent signature re	quired when reinstating) DATE	1
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
TITLE	D	☐ DELETE	1.1 TITLE	Change Additi	ion
NAME	KORENIC, EDWARD R., JR.		1.2 NAME	SAME	
STREET ADDRESS	5132 NE 5 AVE.	`	1.3 STREET ADDRESS	1500 S.W. 3 avenue	ļ
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	1500 S.W. 3 avenue Pompano Bch., FLA 33060	
TITLE	777	☐ DELETE	2.1 TITLE	Change Additi	ion
NAME			2.2 NAME		
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CITY-ST-ZIP			2.4 CITY-ST-ZIP	and the same of th	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Additi	ion
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STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Additi	ion
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STREET ADDRESS			4.3 STREET ADDRESS	•	1
CITY-ST-ZIP			4.4 CITY- ST-ZIP		
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NAME			5.2 NAME	•	l
STREET ADDRESS			5.3 STREET ADDRESS	,	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		hoc
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addit	IOI
			6.2 NAME		

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 ecciver 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 altachment with an address, with an other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS