## 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

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90043 006 \*\*\*150.00

DOCUN 1. Corporation MIJAN, II						I INDRI SIKRIA DIKIL LADDI AKILI (BUKA BICI DIRIK	<b>9.8</b> 14 <b>8</b> 1841 <b>8</b> 184 <b>1</b>	
		200						
Principal Place of Business Mailing Address								
8362 PINES BLV STE 308 PEMBROKE PIN		8362 PINES BLVD STE 308 PEMBROKE PINES FL 33024 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
US US						09/20/1992		
2. Principal Place of Business 2a. Mailing Address					•	4. FEI Number	Ap	plied For
21 26						65-0362506	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			<u> </u>	\$8.75	Additional
22	27				5. Certifcate of Status Desired	Fee Re	quired	
City & State	9 .	City & State			<u> </u>	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country	Zip	Count	try		8. This corporation owes the current year I	ntangible	
24	25 29 30		30			Personal Property Tax.	☐ Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registere	d Agent	
	•		8	B1	Name			
MICHAEL CHEN 434 SW 177TH AVENUE			8	82 Street Address (P.O. Box Number is Not Acceptable)				
PEMBROKE PINES FL 33029			-	_				
FEMI	DRONE PINES PL 33029		1	83				ļ
				84	City	F		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was au	tnorized t	DV U	ne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register					signature required	d when reinstating) OATE	ND DIDECTO	DC IN 12
12.		D DIRECTORS	13.	_	<del></del>	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE ;	<b>-</b> . ■		1.1 11111				□ oago	
NAME			1.2 NAM					
STREET ADDRESS	10.00.00.00.00.00.00.00.00.00.00.00.00.0		1		ADDRESS			ĺ
CITY-ST-ZIP	PEMBROKE PINES FL			1.4 CITY-ST-ZIP  2.1 TITLE			Change	Addition
TITLE			2.1 HILL 2.2 NAM					
NAME					*DDDEEC			
STREET ADDRESS					ADDRESS	• • • • • • • • • • • • • • • • • • • •	-	ļ
CITY-ST-ZIP	PEMBRUKE FINES FL	☐ DELETE	2. 4 CITS 3.1 TITL		1-212		☐ Change	Addition
TITLE			3.2 NAM				_ ,	_
NAME				_	ADDRESS			
STREET ADDRESS				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP				
CITY-ST-ZIP	• • • • • • • • • • • • • • • • • • • •	☐ DELETE	4.1 TITL		1-21		Change	☐ Addition
· ·	<u>, :</u>		4.1 (TILE		-		_ •	_
NAME	<b>₹</b>			4.3 STREET ADDRESS				
STREET ADDRESS				4.4 CITY-ST-ZIP				
CITY-ST-ZIP	DELETE			5.1 TITLE			Change	Addition
NAME *		,	5.2 NAM				_ •	
STREET ADDRESS	,				ADDRESS			
STREET ADDRESS	,		5.4 CITY				•	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not thalify 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 trastee 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 portant attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

Addition