## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT# #4

## FILED Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90179 012 \*\*\*150.00

1. Corporation		" 5185	192										
•		E CORPORA	\T <del>ì</del> ∩N					1					
WIIAWII FI	NEE ZUN	E CONFOR	MON							JO 1101 01011 BIO		1001 HOUR 1001	
Principal Place	e of Busines:		N	Mailing Addre	9\$\$					iğ işbi byaşı bil		1100 BUON 1001	
,				05 NW 107T				l					
				MIAMI FL 33172									
									DO NOT WRIT	E IN THIS	SPACE		
									3. Date Incorporated or Qualifed				
2. Principal Pl	lace of Busin		22	Mailing Ac	ridress				11/23/1976 4. FEI Number	**	I At	plied For	
—i	lace of busin	1655	26	]	uu1633				59-1707550		_ <del>                                    </del>	ot Applicable	
21 Suite, Apt.:	#. etc		20	Suite: Apt	#, etc===	حد خر جع			تستعنديني سينسسخهجي	<del>==</del>	<del></del> _	Additional	
22			27	]					5, Certifcate of Status Desired		Fee Ro	equired	
City & State				City & State					6. Election Campaign Financing \$5.00 May Be				
23			28	<u> </u>					Trust Fund Contribution	<u> </u>	Added	to Fees	
Zip		Country		, Zip	_	Country	<i>'</i>		<ol><li>This corporation owes the current</li></ol>	ent year Inta		r.,	
24		25	29			30			Personal Property Tax.		∐ Yes	⊡No.	
	9, Name	and Address of	f Current Regi	istered Age	nt	81	Name		10. Name and Address of New R	egisterea A	gent		
LEIVA	A, MARIA (	CAMILA				[	Ivaille						
	NW 107T					82	Street	Addres	ss (P.O. Box Number is Not Accepta	ible)			
	MI FL 3317					83							
1770 30	00	=					]			-0-0			
						84	City			FL	85 Zip	Code	
11 Pursuant	to the provis	ions of Sections	607.0502 and	607.1508, F	lorida Statutes	s, the abov	e-named	corpor	ation submits this statement for the	purpose of o	hanging its	registered	
office or r	onistared an	ant ar bath in th	an State of Flor	ida Suchich	anda was ald		the come	oration	's board of directors. I hereby accep	at the appoin	tment as re	egisterea	
anent la	m familiar w	ith, and accent th	ne obligations o	f. Section 60	07.0505. Flori	da Statutes	s.						
agent. I a	m familiar w	ith, and accept th	ne obligations o	of, Section 60	07.0505, Flori	da Statutes	s.						
agent. I a	ım familiar w	th, and accept the	ne obligations o	of, Section 60	07.0505, Flori	da Statutes	S.		vhen reinstating)	DATE			
agent. I a	m familiar W	th, and accept the	ne obligations o	of, Section 60 e if applicable. ECTORS	07.0505, Florid	da Statutes Registered Age	S.			DATE	D DIRECTO	DRS IN 12	
agent. I a	Signature, typed	or printed name of reg	ne obligations o	of, Section 60 e if applicable. ECTORS	07.0505, Flori	Registered Age  13.  1.1 TITLE	S.		vhen reinstating)	DATE			
agent. I a SIGNATURE 12.	Signature, typed  D  HOYOS,	or printed name of reg OFFIC	ne obligations o	of, Section 60 e if applicable. ECTORS	07.0505, Florid	Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature re		vhen reinstating)	DATE	D DIRECTO	DRS IN 12	
agent, I a SIGNATURE  12.  TITLE	Signature, typed  D HOYOS, 2305 NW	or printed name of reg OFFIC BEATRIZ 107 AVE	ne obligations o	of, Section 60 e if applicable. ECTORS	07.0505, Florid	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature re		vhen reinstating)	DATE	D DIRECTO	DRS IN 12	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed  D HOYOS, 2305 NW MIAMI FL	or printed name of reg OFFIC BEATRIZ 107 AVE	ne obligations o	of, Section 60	O7.0505, Florid (NOTE: R	Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-5	nt signature re		vhen reinstating)	DATE	DIRECTO	ORS IN 12	
agent, I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D HOYOS, 2305 NW MIAMI FL PD -	or printed name of reg OFFIC BEATRIZ 107 AVE	ne obligations o	of, Section 60	07.0505, Florid	Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-5  2.1 TITLE	nt signature re		vhen reinstating)	DATE	D DIRECTO	DRS IN 12	
agent, I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D HOYOS, 2305 NW MIAMI FL PD - LEIVA, GI	or printed name of reg OFFIC BEATRIZ 107 AVE	ne obligations o	of, Section 60	O7.0505, Florid (NOTE: R	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME	s.  nt signature n  T ADDRESS ST-ZIP		vhen reinstating)	DATE	DIRECTO	ORS IN 12	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D HOYOS, 2305 NW MIAMI FL PD - LEIVA, GI 2305 NW	or printed name of reg OFFIC BEATRIZ 107 AVE ERMAN 107TH AVE	ne obligations o	of, Section 60	O7.0505, Florid (NOTE: R	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	nt signature not		vhen reinstating)	DATE	DIRECTO	ORS IN 12	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOYOS, 2305 NW MIAMI FL PD - LEIVA, GI 2305 NW MIAMI, FI	or printed name of reg OFFIC BEATRIZ 107 AVE ERMAN 107TH AVE	ne obligations o	of, Section 60	O7.0505, Florid (NOTE: R	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME	nt signature not		vhen reinstating)	DATE	DIRECTO	ORS IN 12	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	D HOYOS, 2305 NW MIAMI FL PD - LEIVA, GI 2305 NW MIAMI, FI VTD	or printed name of reg OFFIC  BEATRIZ 107 AVE  ERMAN 107TH AVE	ne obligations o	of, Section 60	O7.0605, FIOM	Registered Age  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	nt signature not		vhen reinstating)	DATE	DIRECTO Change	DRS IN 12 Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	D HOYOS, 2305 NW MIAMI FL PD - LEIVA, GI 2305 NW MIAMI, FI VTD LEIVA, M.	or printed name of reg OFFIC BEATRIZ 107 AVE ERMAN 107TH AVE 0	ne obligations o	of, Section 60	O7.0605, FIOM	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	nt signature not		vhen reinstating)	DATE	DIRECTO Change	DRS IN 12 Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D HOYOS, 2305 NW MIAMI, FI VTD LEIVA, M. 2305 NW WIAMI, FI VTD LEIVA, M. 2305 NW	or printed name of reg OFFIC  BEATRIZ 107 AVE  ERMAN 107TH AVE  0  ARIA C 107TH AVE	ne obligations o	of, Section 60	O7.0605, FIOM	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	nt signature re T ADDRESS ST-ZIP T ADDRESS ST-ZIP		vhen reinstating)	DATE	DIRECTO Change	DRS IN 12 Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	D HOYOS, 2305 NW MIAMI FL PD - LEIVA, GI 2305 NW MIAMI, FI VTD LEIVA, M.	or printed name of reg OFFIC  BEATRIZ 107 AVE  ERMAN 107TH AVE  0  ARIA C 107TH AVE	ne obligations o	of, Section 60	O7.0605, FIOM	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	nt signature re T ADDRESS ST-ZIP T ADDRESS ST-ZIP		vhen reinstating)	DATE	DIRECTO Change	DRS IN 12 Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	D HOYOS, 2305 NW MIAMI, FI VTD LEIVA, M. 2305 NW WIAMI, FI VTD LEIVA, M. 2305 NW	or printed name of reg OFFIC  BEATRIZ 107 AVE  ERMAN 107TH AVE  0  ARIA C 107TH AVE	ne obligations o	of, Section 60	OF OBJECT OF THE	Registered Age  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-1	nt signature re T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		vhen reinstating)	DATE	DIRECTO Change	DRS IN 12 Addition Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE	D HOYOS, 2305 NW MIAMI, FI VTD LEIVA, M. 2305 NW WIAMI, FI VTD LEIVA, M. 2305 NW	or printed name of reg OFFIC  BEATRIZ 107 AVE  ERMAN 107TH AVE  0  ARIA C 107TH AVE	ne obligations o	of, Section 60	OF OBJECT OF THE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	nt signature re T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		vhen reinstating)	DATE	DIRECTO Change	DRS IN 12 Addition Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D HOYOS, 2305 NW MIAMI, FI VTD LEIVA, M. 2305 NW WIAMI, FI VTD LEIVA, M. 2305 NW	or printed name of reg OFFIC  BEATRIZ 107 AVE  ERMAN 107TH AVE  0  ARIA C 107TH AVE	ne obligations o	of, Section 60	OF OBJECT OF THE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	nt signature re T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		vhen reinstating)	DATE	DIRECTO Change	DRS IN 12 Addition Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D HOYOS, 2305 NW MIAMI, FI VTD LEIVA, M. 2305 NW WIAMI, FI VTD LEIVA, M. 2305 NW	or printed name of reg OFFIC  BEATRIZ 107 AVE  ERMAN 107TH AVE  0  ARIA C 107TH AVE	ne obligations o	of, Section 60 e if applicable.	OF OBJECT OF THE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 5.3 STREE 5.1 TITLE 5.1 TITLE 5.1 TITLE	nt signature of the sig		vhen reinstating)	DATE	DIRECTO Change	DRS IN 12 Addition Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOYOS, 2305 NW MIAMI, FI VTD LEIVA, M. 2305 NW WIAMI, FI VTD LEIVA, M. 2305 NW	or printed name of reg OFFIC  BEATRIZ 107 AVE  ERMAN 107TH AVE  0  ARIA C 107TH AVE	ne obligations o	of, Section 60 e if applicable.	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 4.5 NAME 4.5 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME	nt signature re T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		vhen reinstating)	DATE	DIRECTO Change	DRS IN 12 Addition Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D HOYOS, 2305 NW MIAMI FL PD - LEIVA, GI 2305 NW MIAMI, FI VTD LEIVA, M. 2305 NW MIAMI, FI	or printed name of reg OFFIC BEATRIZ 107 AVE ERMAN 107TH AVE 0 ARIA C 107TH AVE	ne obligations o	of, Section 60 e if applicable.	DELETE  DELETE  DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	nt signature or  IT ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP		vhen reinstating)	DATE	DIRECTO Change	DRS IN 12 Addition Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D HOYOS, 2305 NW MIAMI, FI VTD LEIVA, M. 2305 NW WIAMI, FI VTD LEIVA, M. 2305 NW	or printed name of reg OFFIC BEATRIZ 107 AVE ERMAN 107TH AVE 0 ARIA C 107TH AVE	ne obligations o	of, Section 60 e if applicable.	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5 5.4 CITY-5 5.5 STREE 5.4 CITY-5	nt signature or  IT ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP		vhen reinstating)	DATE	DIRECTO Change Change Change Change	DRS IN 12 Addition Addition Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D HOYOS, 2305 NW MIAMI FL PD - LEIVA, GI 2305 NW MIAMI, FI VTD LEIVA, M. 2305 NW MIAMI, FI	or printed name of reg OFFIC BEATRIZ 107 AVE ERMAN 107TH AVE 0 ARIA C 107TH AVE	ne obligations o	of, Section 60 e if applicable.	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5 6.1 TITLE 5.4 CITY-5 6.1 TITLE	T ADDRESS ST-ZIP		vhen reinstating)	DATE	DIRECTO Change	DRS IN 12 Addition Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOYOS, 2305 NW MIAMI FL PD - LEIVA, GI 2305 NW MIAMI, FI VTD LEIVA, M. 2305 NW MIAMI, FI	or printed name of reg OFFIC BEATRIZ 107 AVE ERMAN 107TH AVE 0 ARIA C 107TH AVE	ne obligations o	of, Section 60 e if applicable.	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME 6.2 NAME	nt signature of the sig		vhen reinstating)	DATE	DIRECTO Change Change Change Change	DRS IN 12 Addition Addition Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D HOYOS, 2305 NW MIAMI FL PD - LEIVA, GI 2305 NW MIAMI, FI VTD LEIVA, M. 2305 NW MIAMI, FI	or printed name of reg OFFIC BEATRIZ 107 AVE ERMAN 107TH AVE 0 ARIA C 107TH AVE	ne obligations o	of, Section 60 e if applicable.	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME 6.2 NAME	TADDRESS		vhen reinstating)	DATE	DIRECTO Change Change Change Change	DRS IN 12 Addition Addition Addition	

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 informatic indicated on this annual report or supplemental annual report is true and eccurate 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.

(305) 591-4300