PROFIT CORPORATION ANNUAL REPORT 3000



FLORIDA DEPARTMENT OF STATE

FILED Jun 09, 2000 8:00 am Secretary of State

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCU | JMENT # 528526 | | | | | 00-09-200 | 0 90016 | o 044 | 130 | 5.73 |
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| | ELLO, AJAMIL & PARTNERS, I | NC. | | / | | | | | | |
| | | | | | 4 | | | | | |
| Principal Pla | ace of Business | Mailing Address | | | 7 | | | | | 1 |
| 2601 S BAYS | SHORE DR BR-SUITE 1000 | 2601 S BAYSHORE DR | | | , | | | | | |
| MIAMI FL 33133 | | TENTH FLOOR-SUITE 1000 MIAMI FL 33133 | | | | DO NOT | WOITE IN | N 커니(c | 55105 | |
| | •• | ************************************** | | | 3. Date I | ncorporated or Qua | WRITE ! | NIHIS | SPACE | ··· |
| - B | | | | | | 8/1977 | misń | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | | 4. FEI Number | | | | | Applied For |
| Suite, Apt. #, etc. | | 26 | | | 59-1722486 | | | | - | Not Applicable |
| 22 Suite, Ap | #, etc. | Suite, Apt. #, etc. | | | 4.4 | ate of Status Desire | ed XX | ¥ | | 5 Additional |
| City & St | ate | City & State | • | | | | | <u> </u> | | Required |
| 23 | | 28 | • | | 6. Election | n Campaign Financ | cing 🔲 | ì | | 0 May Be |
| Zip | Country | Zip | Country | | | und Contribution | | | | ed to Fees |
| 24 | 25 | 29 | 30 | | 8. This co | orporation owes the nal Property Tax. | cument y | ear Int | | П.,. |
| | 9. Name and Address of Current | Registered Agent | 1 | | | and Address of N | Panie | torod . | Yes | □No |
| DCI | OLETIA MENUA. | | 81 Name | | | | dw II. | lei vu , | Myen. | - |
| | RMELLO, WILLY A. 21 S BAYSHORE DR | · | 82 Street | Addross | /B O Pay | Ab. | | <u></u> | | |
| | TI S BATSHURE DR | | de Oues | Moures | 5 (P.U. BOX | Number is Not Acc | ceptable) | | | |
| | MI FL 33133 | | 83 | | | | · | · | | ··· |
| Iftwa | uvii FL 33 133 | | 84 City | | | | | | | |
| 44 Dureusni | 44 4b - 407 0500 | | [1 | | | | | FL | | p Code |
| . I. Muisuain | t to the provisions of Sections 507.0502; | and 607 1600 Florida Occident | | | | | | | | |
| office or | registered agent, or both, in the State of | Florida. Such change was auti | i, the above-named | corpora | tion submit | s this statement for | the purpo | ose of o | hanging i | its registered |
| agent. 1 a | t to the provisions of Sections 607.0502 a registered agent, or both, in the State of am familiar with, and accept the obligation | Florida. Such change was autins of, Section 607.0505, Florida | i, the above-named horized by the corp fa Statutes. | corpora oration's | tion submit board of d | s this statement for lirectors. I hereby a | the purpo ccept the | ose of o | hanging i Iment as | its registered registered |
| office or agent, i a SIGNATURE | am familiar with, and accept the obligation | ns of, Section 607.0505, Florid | ia Statutes. | | board of d | s this statement for lirectors. I hereby a | the purpo ccept the | ose of o | changing i tment as | its registered registered |
| agent. 1 a | am familiar with, and accept the obligation Signature, typed or profiled name of registered agent as | ns of, Section 607.0505, Florid | fa Statutes. | | en reinstating) | mectors, r nereby a | ccept the | appoin | iment as | registered |
| agent. 1 a | am familiar with, and accept the obligation | ns of, Section 607.0505, Florid | ia Statutes. | required wh | on reinstating) | ONS/CHANGES TO | ccept the | appoin | D DIRECT | registered |
| SIGNATURE | Signature. typed or proted name of registered agent as OFFICERS AND P BERMELLO, WILLY AREL | ns of, Section 607.0505, Florid rd title if applicable. (NOTE: R DIRECTORS | fa Statutes. egistered Agent signature 13. | Assi | ADDITIO | ONS/CHANGES TO | ccept the | appoin | iment as | registered |
| SIGNATURE | Signature, typed or proted name of registered agent at OFFICERS AND P BERMELLO, WILLY AREL | ns of, Section 607.0505, Florid rd title if applicable. (NOTE: R DIRECTORS | fa Statutes. egistered Agent signature 1.1 TITLE 1.2 NAME | Assi | ADDITION STANT | ONS/CHANGES TO Secretary NEWLAND | DA OFFICER | appoin | D DIRECT | FORS IN 12 e Addition |
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859-2050

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 Block 12 or Block 13, if change and only attainment in all among like empowered.