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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

02-18-1999 90037 001 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F37545

1. Corporation Name

	ce of Business	Mailing Address				
4086 EL PRADO BLVD. COCONUT GROVE FL 33133  4086 EL PRADO BLVD. COCONUT GROVE FL 33133			23	DO NOT WR	TE IN THIS SPAC	Æ
				3. Date Incorporated or Qualifed		
				06/12/1981		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		59-2798733	-	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	1 1	.75 Additional ee Required
City & Sta	te	City & State		6. Election Campaign Financing	_ \$!	5.00 May Be
23		28		Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Country	8. This corporation owes the curr	ent year Intangible	•
24	25	29	30	Personal Property Tax.	[] Ye	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New I	Registered Agent	
(	Barrocas, David J 6 El Prado Blyd.		81 Name 82 Street Add	ress (P.O. Box Number is Not Accept	able)	
1	CONUT GROVE FL 33133		83	<del>jagina j</del>	and a second	
						3.6 最高的
			84 City		FL 85	Zip Code
			<del></del>			
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į oπice or i	registered agent, or both, in the Stat	te of Florida. Such change was all gations of, Section 607.0505, Flor	Jithorized by the corporation	on's board of directors. I hereby accept	purpose of changi the appointment	ng its registered as registered
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A PD CABARROCAS, DAVID J 4086 EL PRADO BLVD. COCONUT GROVE FL	te of Florida. Such change was at gations of, Section 607.0505, Florigations of the floridate (NOTE: AND DIRECTORS	Inorized by the corporate ida Statutes.  Registered Agent signature require  13.  1.1 TITLE  1.2 NAME	on's board of directors. I hereby acce	DATE FICERS AND DIR	as registered  ECTORS IN 12
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14. I hereby certify that the information superior 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 of the eceiver 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 changes or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-66/- 95 97 Daytime Phone #