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

DOCUMENT # F41063

EARNEST & STEWART, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90148 038 ***150.00



Principal Place of Business Size PONCE DE LEON BLVD. CORAL GABLES FI. 33134 2. Principal Place of Business 2. A Mailing Address 3. Data Incorporated or Qualified 08/10/1981 2. Principal Place of Business 2. A Mailing Address 3. Data Incorporated or Qualified 08/10/1981 2. Principal Place of Business 2. A Mailing Address 3. Data Incorporated or Qualified 08/10/1981 2. Principal Place of Business 3. Data Incorporated or Qualified 08/10/1981 2. Principal Place of Business 3. Data Incorporated or Qualified 08/10/1981 3. Certificate of Status Dealined 38/15/ Additional Fee Required 27/ 28/ 29/ 20/ 20/ 30/ 30/ 30/ 30/ 30/ 30/ 30/ 30/ 30/ 3						<u> </u>	# 1 1 1 1 1 1 1 1 1 1	
CORAL GARLES FL 30134	Principal Place	e of Business	Mailing Address				•	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Place Applied For Sulfe, Apt. #, etc. Sulfe,) .		DO NOT WRITE IN THIS SPACE		
2. Principal Flace of Business 2a. Maing Address 5. Entrol Status Desired 59.2115146 Not Applicable Sulfe, Apt. #, etc. 27 Sulfe, Apt. #, etc. 28 Sulfe, Apt. #, etc. 27 Sulfe, Apt. #, etc. 27 Sulfe, Apt. #, etc. 27 Sulfe, Apt. #, etc. 28 Sulfe, Apt. #, etc. 28 Sulfe, Apt. #, etc. 27 Country 8. Election Campaign Financing \$5.00 May Be Addod to Peus A						3. Date Incorporated or Qualifed		·
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$5.00 May Be Provided \$8.75 Additional Fee Required \$5.00 May Be Provided \$8.75 Additional Fee Required \$5.00 May Be Provided \$8.75 Additional Fee Required \$8.75 Additional Fee Requi	2. Principal P	Place of Business	2a. Mailing Address	-			- TA	pplied For
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. 27 27 27 28 City & State City & Cit	——————————————————————————————————————		26			59-2115146	·	ot Applicable
City & State Country State City & State City & State Country State Country State City & State Country State State Country State		# etc.					\$8.75	Additional
Cory & State City & State 28 28 28 28 28 28 28 2	22		27			5. Certificate of Status Desired	Fee R	equired
Address of December Address of Country Zp Country St. This corporation were the current year intemptible Personal Property Tax Ves No Personal Property Tax Ves Ves Ves No Personal Property Tax Ves Ves Ves No Personal Property Tax Ves Ves Ves No Personal Property Tax Ves Ves No Personal Property Tax Ves Ves No Personal Property Tax Ves	City & Stat	te				6. Election Campaign Financing	\$5.00	May Be
Zip Country Zip Country Zip Country R. This corporation owes the current year intangible Personal Property Tax: Yes No			28			· · · · · · · · · · · · · · · · · · ·		
25 28 30 9 Personal Property Tax.		Country		Count	ry	8. This corporation owes the current year	ntangible	
EARNEST, WALTER G, JR 1526 PONCE DE LEON BLVD. CORAL GABLES FL 33134 154 City Street Address (P.O. Box Number is Not Acceptable) 15. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. an affirmize with, and accept the obligations of, Section 607 0505 (Principal Statutes) 15. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes 15. Pursuant to the provisions of Sections 607 0505, Florida Statutes with the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes 15. Pursuant to the provisions of Sections 607 0505, Florida Statutes 15. Pursuant to the provisions of Sections 607 0505, Florida Statutes. 15. Pursuant to the provisions of Sections 607 0505, Florida Statutes without the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. 15. Pursuant to the provisions of Sections 607 0505, Florida Statutes. 15. Pursuant to the provisions of Sections 607 0505, Florida Statutes. 15. Pursuant to the provisions of Sections 607 0505, Florida Statutes. 16. Pursuant to the provisions of Sections 607 0505, Florida Statutes. 16. Pursuant to the provisions of Sections 607 0505, Florida Statutes. 17. Pursuant to the provisions of Sections 607 0505, Florida Statutes. 18. Pursuant to the provisions of Sections 607 0505, Florida Statutes. 18. Pursuant to the provisions of Sections 607 0505, Florida Statutes. 19. Pursuant to the provisions of Sections 607 0505, Florida Statutes. 19. Pursuant to the provisions of Sections 607 0505, Florida Statutes. 19. Pursuant to the provisio	_ `	25	29	30		· · · · · · · · · · · · · · · · · · ·	_	□No
EARNEST, WALTER G, JR 1526 PONCE DE LEON BLVD. CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 84	-71					10. Name and Address of New Registere	1 Agent	
15.26 PONCE DE LEON BLVD. CORAL GABLES FL 33134 81 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Floridas Statutes. SIGNATURE Signature requisited agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Floridas Statutes. SIGNATURE Signature requisited agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Floridas Statutes. SIGNATURE OFFICERS AND DIRECTORS IN 12 DATE				8	1 Name	-	, .	
1526 PONUE DE LEUN BLUD. CORAL GABLES FL 33134 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporations board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 607,0505, Florida Statutes, the advance have required when remotions board of directors. I hereby accept the appointment as registered office or registered agent with, and accept the obligations of, Section 607,0505, Florida Statutes, and the corporations board of directors. I hereby accept the appointment as registered office or registered agent with, and accept the obligations of, Section 607,0505, Florida Statutes, and the corporations board of directors. I hereby accept the appointment as registered office or registered agent with, and accept the obligations of, Section 607,0505, Florida Statutes, the corporations board of directors. I hereby accept the appointment as registered office of the corporations board of directors. I hereby accept the appointment as registered office of the corporations board of directors. I hereby accept the appointment as registered office of the corporations board of directors. I hereby accept the appointment as registered office of the corporations board of directors. I hereby accept the appointment as registered office. IT I	EAR	rnest, walter G, Jr			Street Add	roce (P.O. Boy Number is Not Accentable)		
Statutes	1526	6 PONCE DE LEON BLVD.		ď	Street Add	ress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 607 (502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607 (505, Florida Statutes.) SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DP	COF	RAL GABLES FL 33134		8	13			
11. Pursuant to the provisions of Sections 607 (502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607 (505, Florida Statutes.) SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DP								<u> </u>
11. Pursuant to the provisions of Sections 607 (502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Succh change was a studied by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Succh 607 (5055, Florida Statutes, or main and main and main and accept the obligations of, Succh 607 (5055, Florida Statutes, or main and main and main and main and succept the obligations of, Succh 607 (5055, Florida Statutes, or main and main and main and succept the obligations of, Succh 607 (5055, Florida Statutes, or main and main and main and succept the obligations of, Succh 607 (5055, Florida Statutes, or main and succept the obligations of, Succh 607 (5055, Florida Statutes, or main and succept the obligations of, Succh 607 (5055, Florida Statutes, or main and succept the obligations of, Succh 607 (5055, Florida Statutes, or main and succept the obligations of, Succh 607 (5055, Florida Statutes, or main and succept the obligations of, Succh 607 (5055, Florida Statutes, or main and succept the obligations of, Succh 607 (5055, Florida Statutes, or main and succept the obligations of the obligations of, Succh 607 (5055, Florida Statutes, or board of directors. I hereby accept the obligations of part of the obligations of t			•	8	64 City	F	85 Zip	Code
Agent. I am familiar with, and accept the obligations of, Section but Judys, Florida Statutes SIGNATURE Signature, typed or proted name of registered agent and site if applicable (NOTE Registered Agent algenture required when remissating) DATE	11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ove-named corp	poration submits this statement for the purpose	of changing it	s registered egistered
SIGNATURE Signature, hyberd or proted name of registered agent ain 35th if applicable. (NOTE Repostered Agent signature required when remistating) DATE	agent. I a	am familiar with, and accept the obligation	tions of, Section 607.0505, Flori	da Statut	es.	on a board of an action of the contract of the		•
Signature, hypertor protects are protected any protected any protected protection and protecti								
TITLE		Signature, typed or printed name of registered agen			gent signature require		NO DIDECT	000 0140
TILLE DS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 DELETE 21 TILE DS MARE STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 00000 DELETE 3.1 TILE NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.4 CITY-ST-ZIP CORAL GABLES, FL 00000 DELETE 3.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE DELETE STITLE STITLE STREET ADDRESS CITY-ST-ZIP TILE DELETE STITLE STITLE STREET ADDRESS CITY-ST-ZIP TILE DELETE STITLE STITLE STREET ADDRESS CITY-ST-ZIP TILE DELETE STITLE STREET ADDRESS CITY-ST-ZIP TILE DELETE STITLE STREET ADDRESS CITY-ST-ZIP TILE DELETE STITLE DELETE STITLE Change Additio Add	12.	OFFICERS AN				ADDITIONS/CHANGES TO OFFICERS		
STREET ADDRESS S821 SW 89TH PL	TITLE	1 -	☐ DELETE	1,1 TiTLI	Ē		□ Change	L_1 Addition
CITY_ST_ZIP	NAME	EARNEST, WALTER G, JR		12 NAM	E			
TITLE DS DELETE 2.1 TITLE 3.1 TITLE	STREET ADDRESS	5821 SW 89TH PL		1.3 STR	EET ADDRESS			
NAME STEWART, CONSUELO T 22 NAME 23 STREET ADDRESS	CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY	- ST- ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME AS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STRE	TITLE	DS	☐ DELETE	2.1 TITL	E		∐ Change	Addition
CORAL GABLES, FL 00000 2.4 CITY-ST-ZIP Change Addition	NAME	STEWART, CONSUELO T		2.2 NAM	E			
TITLE	STREET ADDRESS	8209 LOS PINOS CR		2.3 STR	EET ADDRESS			
TITLE	CITY-ST-ZIP	1		2. 4 CIT	Y-ST-ZIP	·		
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			☐ DELETE	3.1 TITL	E		☐ Change	Addition
STREET ADDRESS				3.2 NAM	E			
CITY-ST-ZIP				3.3 STR	EET ADDRESS			
TITLE						•		
NAME			☐ DELETE	_		with the same of t	Change	Addition
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			-			• • • • • • • • • • • • • • • • • • • •		
A CITY-ST-ZIP							•	
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME		'		1				
NAME			□ DELETE				Change	Addition
STREET ADDRESS								_
5.4 CITY-ST-ZIP							•	
NAME DELETE 6.1 TITLE G.2 NAME 6.2 NAME		5						
NAME 6.2 NAME 6.2 STRIFFT APPRESS			□ nei ete				Change	Addition
NAME		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			1			_,
STREET ADDRESS 6.3 STREET ADDRESS	NAME	,			J	-		

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 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, on a pattachniest with an address, with all other like empowered.

SIGNATURE: