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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J53172

Principal Place of Business

NAME

STREET ADDRESS

DEL POZO & ASSOCIATES, INC.

Principal Place of Business 2a Mailing Address 2a Mailing Address 2a Sutto, Apt. #, etc. 2b Sutto, Apt. #, etc. 27 2b Sutto, Apt. #, etc. 2b	210 SARTO AVENUE CORAL GABLES FL 33134 US		210 SARTO AVENUE CORAL GABLES FL 33134 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/20/1987						
Sulfo, Apt. 9, ntc. Sulfo, Apt. 9, ntc. Sulfo, Apt. 9, etc.	2. Principal Pl	ace of Business	2a. Mailing Address								$\neg \top$	App	olied For
Suite, Apt. #, etc. 27 27 27 27 28 City & State 29 City & State 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20			26	26				!	59-275 <u>9556</u>			Not	Applicable
City & State Ci	Suite, Apt. #, etc.		<u> </u>	├ ¬				5. (Certifcate of Status Desired				
23 25 27 29 29 30 30 50 50 50 50 50 50		۵						6.	Election Campaign Financing		\$5	.00	May Be
Zip			<u> </u>										
24		Country	_					8.	This corporation owes the curr	ent year Inta	ngible		
10. Name and Address of New Registered Agent DEL POZO, AUGUSTIN 210 SARTO AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 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 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and familiar with an addition of the purpose of changing its registered agent and familiar with an addition of the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent. I have a series of the purpose of changing its registered agent and familiar with an addition of the purpose of changing its registered agent. I have a series of the purpose of changing its registered agent and familiar with a purpose of changing its registered agent. I have a series of the purpose of changing its registered agent and familiar with a purpose of changing its registered agent. I have a series of the purpose of changing its registered agent. I have a series of the purpose of changing its registered agent and the registered agent. I have a series of the purpose of changing its registered agent. I have a series of the purpose of changing its registered agent and the registered agent. I have a series of the purpose of changing its registered agent. I have a series of the purpose of changing its registered agent. I have a serie	─ ¬ '	25	29	30								3	No
DEL POZO, AUGUSTIN 210 SARTO AVENUE CORAL GABLES FL 33134 11. Pursuant to the provisions of Sections 607.0502 and 807.1508, 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 office or registered agent, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, type or printed name of impatered agent and site if approaches. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DEL POZO, AUGUSTIN STREET ADDRESS CITY-ST-ZP CORAL GABLES FL 33134 DELETE 11 TITLE DEL POZO, AUGUSTIN 12 NAME 13 STREET ADDRESS CITY-ST-ZP CORAL GABLES FL 33134 DELETE 21 TITLE DELETE 31 TIT	<u></u>		nt Registered Ag	ent				10.	Name and Address of New F	Registered A	gent		
210 SARTO AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number's Not Acceptable) 83 Bab					81		Name						
CORAL GABLES FL 33134 84			ž.				Street Addres	Iress (P.O. Box Number is Not Acceptable)					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I hereby accept the appointment as registered agent, and both, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pertued name of registered agent and tile of appicable. Signature, typed or pertued name of registered agent and tile of appicable. Signature, typed or pertued name of registered agent and tile of appicable. Signature, typed or pertued name of registered agent and tile of appicable. Signature, typed or pertued name of registered agent agent and tile of appicable. Signature, typed or pertued name of registered agent agent and tile of appicable. Signature, typed or pertued name of registered agent			•								- 4		
office or registered agent, or both, in the State of Florida, Such change was authorized by the doppositions of agent. I am familiar with, and accept the obligations of, Section 607.0505, Floridad Statutes. SIGNATURE 12			* -}		84	ŀ	City			FL	85	Zip C	ode
TITLE D Change Addition NAME DEL POZO, AUGUSTIN STREET ADDRESS CITY-ST-ZIP CIT	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE												
TITLE					13.			Ä	DDITIONS/CHANGES TO OF	FICERS AND			
STREET ADDRESS CITY-ST-ZIP	TITLE	D		☐ DELETE	1.1 TITLE						☐ Ch	ange	Addition
COTY - ST - ZIP	NAME	DEL POZO, AUGUSTIN		ı	1.2 NAME								
TITLE	STREET ADDRESS	210 SARTO AVENUE			1.3 STREE	ETA	ADDRESS						
NAME	CITY-ST-ZIP	CORAL GABLES FL 33134			1.4 CITY-5	ST-Z	ZIP				<u> </u>		□ A J J S + a
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TITLE			☐ DELETE	2.1 TITLE		.				∐ Ch	ange	☐ Addi@on
2.4 CITY-ST-ZIP	NAME		•		2.2 NAME		ŀ						
DELETE DELETE 3.1 TITLE Change Addition	STREET ADDRESS				2.3 STREE	EΤΑ	ADDRESS						
NAME	CITY-ST-ZIP					ST-	ZIP				Псь	2000	☐ Addition
STREET ADDRESS	TITLE .			LI DELETE							ᆸᅁ	ange	radiiion
STREET ADDRESS STRE	NAME												
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME 53 STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change Addition	STREET ADDRESS												2
NAME				□ DELETE		ST-	-ZIP				ПCh	ange	Addition
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				Deterie			İ				_	J	_
Addition							ADDRESS						
DELETE DELETE 5.1 TITLE Change Addition													
NAME		· · · · · · · · · · · · · · · · · · ·		□ DELETE			ZIr-	_		<u></u>	Ch	ange	Addition
STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.5 CITY-ST-ZIP													
CITY-ST-ZIP SAUTHER COMMENT AND COMMENT AN					5.3 STREE	ET A	ADDRESS						
CITY-SI-ZP STITE STITE		5											
		3		☐ DELETE	6.1 TITLE						□ Ch	ange	Addition

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 suppliemental 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, or on an attachment with an address, with all other like empowered. SIGNATURE:

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90031 033 ***150.00