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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # KOERGS

Principal Place of Business 295 NW. 21 TERRACE JIAM FL 33142-7019 US  2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 06/10/1988  2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 06/10/1988  2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 06/10/1988  4. FEI Number 65-0068818 5. Certificate of Status Desired 58.75 Additional Fee Required 22 City & State 23 City & State 24 City & State 25 2p Country 26 Added to Fee Required 27 Personal Property Tax. State 28 STREET ADDRESS 17 Personal Property Tax. State 10 Name and Address of Current Registered Agent 10 Name and Address of New Registered Agent 11 Name 12 Street Address (P.O. Box Number is Not Acceptable) 13 Street Address (P.O. Box Number is Not Acceptable) 14 City 15 Signature, typed or preint raise of registered and the 4 decicions 16 Signature, typed or preint raise of registered and the 4 decicions 17 Signature, typed or preint raise of registered and the 4 decicions 18 Signature, typed or preint raise of registered and the 4 decicions 19 DeLETE 17 TIE 10 DELETE 17 TIE 10 DELETE 17 TIE 10 STREET ADDRESS 17 STREET ADDRESS 18 MAMIN FL 33182-1162 18 STREET ADDRESS 18 STREET ADDRESS 18 MAMIN FL 33182-1162 19 STREET ADDRESS 18 STREET
US  WAM FL 33142-7019 US  Aprincipal Place of Business  Ze. Mailing Address  Ze. Mailing Address  Ze. Mailing Address  Ze. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Zer  City & State  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi
2. Principal Place of Business   2a. Mailing Address   2b. Mailing Address   2c.   3c.   4. FEI Number   65-00688 18   Not Applicable   Not Applicable   Not Applicable   Not Applicable   2c.
28
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Solutional Fee Required   Fee Required   Fee Required   Status Desired   Status Desired   Status Desired   Fee Required   Status Desired   Status
Sequence
City & State 28 City & State 29 City & State 29 City & State 29 City & State 29 Country 2 City Country 2 City Country 29 Country 30 Country 30 State 30 Stat
Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Zi
Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Zi
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent  FRIEDHOFF, JOHN H 100 SE 2ND STREET 17TH FLOOR MIAMI FL 33131  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  85 City  FL 85 Zip Code  86 City  FL 85 Zip Code  87 City  FL 85 Zip Code  88 City  FL 85 Zip Code  89 City Statement for the purpose of changing its registered agent, and accept the obligations of, Section 607,0505, Florida Statutes. It has above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes.  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 City Code  84 City  FL 85 Zip Code  85 Zip Code  86 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  87 Zip Code
FRIEDHOFF, JOHN H 100 SE 2ND STREET 17TH FLOOR MIAMI FL 33131  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 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.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD D DELETE 1.1 STREET ADDRESS 3160 NW 14 ST MIAMI FL 33125 1.1 ACITY-ST-ZIP  NAME BABUN, JOSE JESUS 12711 N.W. 6TH STREET 22 STREET ADDRESS 12711 N.W. 6TH STREET 23 STREET ADDRESS 12711 N.W. 6TH STREET MIAMI FL 33182-1162 24 CITY-ST-ZIP MIAMI FL 33182-1162 24 CITY-ST-ZIP MIAMI FL 33182-1162  10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83
FRIEDHOFF, JOHN H 100 SE 2ND STREET 17TH FLOOR MIAMI FL 33131  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  85 Zip Code  86 City  FL  86 Zip Code  87 City  FL  88 Zip Code  88 Zip Code  88 City  FL  88 Zip Code  89 Zip Code  80 Zip Code  8
12.         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           TITLE         PD         DELETE         1.1 TITLE         Change         Addition           NAME         BABUN-SELMAN, JOSE         1.2 NAME         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         TITLE
NAME   BABUN-SELMAN, JOSE   1.1 TITLE   Change   Addition
NAME BABUN-SELMAN, JOSE 1.2 NAME 3.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TREET ADDRESS 1.5 TREET ADDRESS 1.5 TREET ADDRESS 1.6 CITY-ST-ZIP 1.7 TREE 1
STREET ADDRESS         3160 NW 14 ST         1.3 STREET ADDRESS           CITY-ST-ZIP         MIAMI FL 33125         1.4 CITY-ST-ZIP           TITLE         VPSD         DELETE         21 TITLE           NAME         BABUN, JOSE JESUS         22 NAME           STREET ADDRESS         12711 N.W. 6TH STREET         23 STREET ADDRESS           CITY-ST-ZIP         MIAMI FL 33182-1162         2.4 CITY-ST-ZIP
CITY-ST-ZIP         MIAMI FL 33125         1.4 CITY-ST-ZIP           TITLE         VPSD         DELETE         2.1 TITLE         Change         Addition           NAME         BABUN, JOSE JESUS         22 NAME         STREET ADDRESS         12711 N.W. 6TH STREET         2.3 STREET ADDRESS           CITY-ST-ZIP         MIAMI FL 33182-1162         2.4 CITY-ST-ZIP         TABLE TO THE STANDARD TO THE STREET
TITLE         VPSD         □ DELETE         2.1 TITLE         □ Change         □ Addition           NAME         BABUN, JOSE JESUS         22 NAME           STREET ADDRESS         12711 N.W. 6TH STREET         2.3 STREET ADDRESS           CITY-ST-ZIP         MIAMI FL 33182-1162         2.4 CITY-ST-ZIP
NAME         BABUN, JOSE JESUS         22 NAME           STREET ADDRESS         12711 N.W. 6TH STREET         2.3 STREET ADDRESS           CITY-ST-ZIP         MIAMI FL 33182-1162         2.4 CITY-ST-ZIP
STREET ADDRESS         12711 N.W. 6TH STREET         2.3 STREET ADDRESS           CITY-ST-ZIP         MIAMI FL 33182-1162         2.4 CITY-ST-ZIP
CITY-ST-ZIP MIAMI FL 33182-1162 2.4CITY-ST-ZIP
TITLE VTD DELETE 3.1 TITLE . Change Addition
NAME BABUN, SARA CRISTINA 3.2 NAME
STREET ADDRESS 9250 S.W. 69TH STREET 33 STREET ADDRESS
WALL FLOORING
CITY-ST-ZIP         MIAM! FL 331/3         3.4.CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Additional Change
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS

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

44 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

□ DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

TITLE

NAME

TITLE

NAME

2-26-99 Date

Change

Change

Addition

☐ Addition