FILED

Feb 20, 1999 8:00 am Secretary of State

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOC 1. Corpor AA 46	UMENT # L60037 SINC.		02-20-1999 90163 003 *	**150.00				
Principal F	Place of Business	Mailing Address			T (BENTAN) BUT SINI ERNN BENTE NINN BERTE HAN BENT BUT BUT BUT BUT BUT BUT BUT BUT BUT BU			
4646 NW 1 MIAMI FL 3 US		3280 NW 45TH ST MIAMI FL 33142			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/26/1990			
2. Principal Place of Business 2a. Mailing Ac 21					4. FEI Number 65-0252411	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	├ ₁ ′		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zip 29	Count	ry	This corporation owes the current year Inta Personal Property Tax.	ngible ⊡ Yes No		
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
JOHNSON, ERNEST E. 3260 NW 45TH ST				2 Street Address (P.O. Box Number is Not Acceptable)				
t _V	(IAM) FL 33142		\8	3	•			

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

City

SIGNATURE				• •		ì
JIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature req			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIF		
	POT	DELETE	1.1 TITLE		Спалде	Addition
	JOHNSON, ERNEST E		1.2 NAME			
TILLT ADDRESS	3260 NW 45TH ST		1.3 STREET ADDRESS			ì
ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP			
	DS	☐ DELETE	2.1 TITLE		Change	Addition (
	JOHNSON, ELDRICK		2,2 NAME			{
ADDRESS	3260 NW 45TH ST		2.3 STREET ADDRESS			
. ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP			
-	DV	DELETE	3.1 TITLE		Change	Addition
	JOHNSON, DOROTHY		3.2 NAME			
[ADDRESS	3260 NW 45TH ST		3.3 STREET ADDRESS			Ì
ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP	<u> </u>		
		☐ DELETE	4.1 TITLE		Change	Addition
}			4.2 NAME			
T ADDRESS			4.3 STREET ADDRESS			
ST-ZIP			44 CITY-ST-ZIP	·		
		DELETE	5.1 TITLE		Change	Addition
1			5.2 NAME			j
i address			5.3 STREET ADDRESS			
꺒			5.4 CITY-ST-ZIP			
		☐ DELETE	61 TITLE		Change	Addition
{			62 NAME			}
· •52::235			6.3 STREET ADDRESS			}
. ZIP			6.4 CITY-ST-ZIP			}

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 is the same legal effect as if made under oath; that I am an 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 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

INING OFFICER OR DIRECTOR

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Zip Code