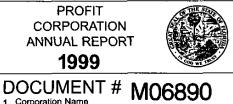
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90001 008 ***150.00

Corporation	n Name " IVIOOSC	,					
DEVILLA	INVESTMENTS CORP.						
						BION BION BION BION	
		•					
Principal Place	e of Business	Mailing Address			t this file in parts area in its in any	#1611 \$1811 \$1811 \$1811 I	
2450 SW 137TH	I AVE.	2450 SW 137TH AVE					
S-221		S-221			DO NOT WRITE IN	THIS SPACE	
MIAMI FL 33175 US	•	MIAMI FL 33175 US			3. Date Incorporated or Qualifed	THIS OF FISE	
		4-			10/23/1984		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-2563302	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	
22		~ 27			5. Certificate of Status Desired	- Fee-Re	equired.
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	' Added	to Fees
Zip	_ Country	Zip	Count	гу	8. This corporation owes the current ye	ear Intangible Yes	□No
24	25		30}		Personal Property Tax. 10. Name and Address of New Regist		LINO
	9. Name and Address of Curren	it Registered Agent	8	1 Name	10. Name and Address of New Keylst	erea Agent	
CAB	ALLERO, MARCIA B. E			1			
2450 SW 137 AVENUE			82 Street Add		ress (P.O. Box Number is Not Acceptable)		
	E 221		8	3			
	MI FL 33175						
			8	4 City		FL 85 Zip	Code
41 Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statutes	s. the abo	ve-named corp	poration submits this statement for the purpo	se of changing its	registered
	anistant and a section in the Chate.	of Classida, Ovela alexana vices and			an's based of discusors. I baroby assent the	annointment as re	distered
office or re	egistered agent, or both, in the State	tions of Section 607 0505. Florid	ido Statute	y the corporation	on's board of directors. I hereby accept the	appointment ou	3.0.0.00
agent. I a	m familiar with, and accept the obligat	of Florida, Such change was au tions of, Section 607.0505, Florid	thonzed b ida Statute	y the corporations.	on's board of directors. Thereby accept the	арролилен оо то	g.o.o.oo
agent. I a	egistered agent, or both, in the State in familiar with, and accept the obligation of state in the state in t	tions of, Section 607.0505, Florid	da Statute	ny the corporations. Jent signature require	d when reinstating) DA	TE	
agent. I a	m familiar with, and accept the obligated signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: FID DIRECTORS	da Statute	98.		TE RS AND DIRECTO	DRS IN 12
agent. I a	m familiar with, and accept the obligated Signature, typed or printed name of registered agent	tions of, Section 607.0505, Floridate and title if applicable. (NOTE: F	ida Statute	ent signature require	d when reinstating) DA	TE	
agent. I all SIGNATURE	m familiar with, and accept the obligated signature, typed or printed name of registered ager OFFICERS AN PTD CIMADEVILLA, MANUEL	nt and title if applicable. (NOTE: FID DIRECTORS	Registered Ag	jent signature require	d when reinstating) DA	TE RS AND DIRECTO	DRS IN 12
agent. I all SIGNATURE	m familiar with, and accept the obligated Signature, typed or printed name of registered ager OFFICERS AN PTD CIMADEVILLA, MANUEL 1305 S.W. 30 AVENUE	nt and title if applicable. (NOTE: FID DIRECTORS	Registered Ag 13. 1.1 TITLE	jent signature require	d when reinstating) DA	TE RS AND DIRECTO	DRS IN 12
agent. 1 al SIGNATURE 12. TITLE NAME	m familiar with, and accept the obligated signature, typed or printed name of registered ager OFFICERS AN PTD CIMADEVILLA, MANUEL 1305 S.W. 30 AVENUE MIAMI FL	tions of, Section 607.0505, Floridation of, Section 607.0505, Floridation of the first state of the first st	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY	ent signature require	d when reinstating) DA	RS AND DIRECTO	DRS IN 12
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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 of the receiver or sustee 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, grown an attachment with an address, with all other like empowered.

SIGNATURE: