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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

•	1999		DIVISION OF C	ORPOR	ATIC	ONS			03-04-1999	90270 01	6 ***150	.00	
 Corporation 	MENT # M20 LUANY IV, INC.	3896						1 871/88 11	n 11 480 (11 8 1 1848)	ene ene elen e	ali exeri elak	ALDAL BIRLI KROK	
Dain sing I Floor	of Purinece	Mail	ing Address										
Principal Place of Business Mailing Address 9863 S.W. 40 ST. 9863 S.W. 40 ST.													
MIAMI FL 33165-3977			MIAMI FL 33165-3977					DO NOT WRITE IN THIS SPACE					
							3.	•	ited or Qualifed				
2 Principal Pl	ace of Business	2a	Mailing Address				4.	11/25/1985 FEI Number)		At	plied For	
21 Principal 7 i	ace of business	26	riaming / todi 500					59-260435	1			ot Applicable	
Suite, Apt. :	#, etc.		Suite, Apt. #, etc.					Certifcate of S	,	0	•	Additional equired	
City & State	9		City & State			- •.	1	Election Camp Trust Fund Co	aign Financing	Ó	-\$5:00 Added	May Be to Fees	
Zip 24	Country Zip				Country 30			8. This corporation owes the current year Intangible Personal Property Tax.					
	9. Name and Address						10.	Name and Ad	dress of New	Registered	Agent		
0.151	DA 100E				81	Name		•					
OJEDA, JOSE					82 Street Address (P.O. Box Number is Not Acceptable)					able)			
9863 S.W. 40 ST. MIAMI FL					83								
HAITCH	m I L				03								
					84	City				FL	85 Zip	Code	
office or re	to the provisions of Section egistered agent, or both, in m familiar with, and accept	the State of Florida	. Such change was au	thorized	bv 1	the como	corporation oration's bo	submits this s ard of directors	tatement for the	nurnose of	changing its	registered egistered	
SIGNATURE	io	congression											
	Signature, typed or printed name of r			Registered .	Agent	signature n	en nedw beniupe	Instating)	IANGES TO O	DATE FICERS AN	D DIRECTO	DRS IN 12	
12.	PT	OFFICERS AND DIRECTORS MODELETE		1.1 TIT	—		ADDITIONS/CHANGES TO OFFICERS AND				Strange	Addition	
NAME	OVEDA, ANA			1.2 NAME			NEIT	K. Ol	EDA-	1.		,	
STREET ADDRESS	7900 S.W. 26TH STRI	EET		1.3 STI	REET	ADDRESS	7900	5W 2	6 th Street		_	Ì	
CITY-ST-ZIP	MIAMI FL			1.4 CIT	Y-ST	-ZIP	M\ A	INI F	3	315 <u>5</u>			
TITLE	VPS			2.1 TITLE					,		☐ Change	☐ Addition	
NAME	MONTERO, JOANNA				2.2 NAME								
STREET ADDRESS 9501 FOUNTAINBLEAU BLVD, #512					2.3 STREET ADDRESS							}	
CITY-ST-ZIP	MIAMI FL			2. 4 CI		T-ZIP	l. <u></u>				[7] Chengo	☐ Addition	
TITLE			☐ DELETE	3.1 TIT					• ′		Change	☐ Addition	
NAME				3.2 NA		*DDD500							
STREET ADDRESS						ADDRESS						(
CITY-ST-ZIP			☐ DELETE	3,4. CI 4.1 TIT		1-ZIP					Change	Addition	
TITLE				4. 2 N/							_ ,	_	
NAME STREET ADDRESS						ADDRESS							
CITY-ST-ZIP				4.4 CIT									
TITLE			☐ DELETE	5.1 TIT							Change	Addition	
NAME				5.2 NA	ME								

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 on 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.

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Addition

Change