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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # MO2024

1. Corporation	GROUP, INC.				
Principal Plac	e of Business	Mailing Address		E IDDIRBUL IIO IDIGO IICID ILABO ILLIA BIBI DIBII D	ileji bibli bibli bibli bibli ibbi
8982 S.W. 8 TI MIAMI FL 3317		8982 S.W. 8 TERR. MIAMI FL 33174		DO NOT WRITE IN THIS	SDACE
	•	,		3. Date Incorporated or Qualifed 08/09/1988	OF ACE
2. Principal P	Place of Business	2a, Mailing Address	•	4. FEI Number	Applied For
21		26		65-0077747	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inte	
24	25		30	Personal Property Tax.	∐Yes □No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered	Agent
DED			81 Name		
	ULL, JULIO G., SR.		82 Street	Address (P.O. Box Number is Not Acceptable)	
	2 S.W. 8 TERR.				<u> </u>
Mirt	MI FL 33174		83	是是是是基础的。	宝诗出解作陈籍 德
			84 City	· 通信的基金 化乙基 化异苯甲基 计设置 (1997年) 基本 化异丙基 化异丙基	85 Zip Code
Start to the start		31 S A	.	FL	. []
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	Florida Cuch change was a	es, trie abovo namos	conhoration adminis this attraction for the harbone of	Changing its registered
agent. I a SIGNATURE	m familiar with, and accept the obligati	ions of, Section 607.0505, Floi and title if applicable. (NOTE:	uthorized by the corporida Statutes. Registered Agent signature re	equired when reinstating) > DATE	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90024 039 ***150.00