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PROFIT
CORPORATION
ANNUAL REPORT
1999



DOCUMENT # POSOCO19089

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90019 036 ***150.00

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Principal Place	e of E	Business	M	ailing Address					i ibblibbe ned ibene kiste danta da	 	1819 18111 BB1	ME INDIA COLE IS	
1100 E. 8TH CT	- 1	• •		00 E. 8TH CT.									
HIALEAH FL 330		•		ALEAH FL 33010				ı					
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								3.	Date Incorporated or Qualifed				
			-1-2-	14 A				- -	03/10/1993 FEI Number			Applied For	
2. Principal Pla	lace (of Business	2a.	, Mailing Addres	58			4 .	65-0392455			lot Applica	
21	44 -45		26	Suite, Apt. #, e	nto.			-	0070092400			Additional	— (
Suite, Apt. 1	#, eu	C. 	27	Suite, Apt. #, e	51C.			5.	. Certifcate of Status Desired			Required	'
City & State	e 1	1	21	City & State				-	Election Campaign Financing		\$5.00	May Be	
23			28	, <i>-</i>				6.	Trust Fund Contribution			to Fees	
Zip		Country	120,	Zip		Country	,	R	. This corporation owes the curr	ent year Inta	angible		
24		25	29	•	30	<u>.</u>		"	Personal Property Tax.	•	Yes	□No	
	9.	Name and Address of Current		stered Agent		<u> </u>		10	Name and Address of New R	legistered /	Agent		
		1				81	Name						
		A, ALEJANDRO				82	Street Ad	Idress (I	P.O. Box Number is Not Accepta	ıble)			
l		8TH CT.				"		-					
HIALI	EAH	FL 33010				83							
						RA	· City				85 Zie	Code	\dashv
				-			1	_		FL			
11. Pursuant t	to the	e provisions of Sections 607.0502 èred agent, or both, in the State o miliar with, and accept the obligation	and 6	607.1508, Florida	a Statutes,	the above	e-named co	rporatio	on submits this statement for the	purpose of	changing i	ts registere registered	d
onice or re	egisii m far	ered agent, or both, in the State of	one of	ua. Such change	OF Clade	Officer by	are corpora	1401130	out at an octors. Thoroby doosp	. ale appe			
agen⊾⊤ar	irr iai	miliar with, and accept the obligation	OUS OF	, Section 607.05	oo, riona	a Statutes	i .						J
SIGNATURE		·:								ِ ســــ			
SIGNATURE		sture, typed or printed name of registered agent	and title	if applicable.		gistered Ager	nt signature requ	ired when	reinstating)	DATE			
SIGNATURE	Signa	·:	and title	if applicable.	(NOTE: Re	gistered Ager		ired when		DATE	D DIRECT	ORS IN 12	2 - 6
SIGNATURE 12. TITLE	Signa	nure, typed or printed name of registered agent OFFICERS AND	and title	if applicable.	(NOTE: Re	13.		ired when	reinstating)	DATE		ORS IN 12	2 - 6
SIGNATURE 12. TITLE NAME	Signal D CA	of FICERS AND	and title	if applicable.	(NOTE: Re	13. 1.1 TITLE 1.2 NAME	nt signature requ	ired when	reinstating)	DATE	D DIRECT	ORS IN 12	2 - 6
SIGNATURE 12. TITLE NAME STREET ADDRESS	D CA	OFFICERS AND BRERA, ALEJANDRO 00 E. 8TH CT.	and title	if applicable.	(NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature requ	ired when	reinstating)	DATE	D DIRECT	ORS IN 12	2 - 6
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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.

SIGNATURÉ:

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 888 4788 Daytime Phone #