PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation BACART		03	1260						
District Cons	of D. slopes		ailing Address				Titus isman arman i	latar da n rada	
Principal Place			00 SW 50 TERR						
7400 SW 50 TE STE 200	ни .		TE 200			·			
MIAMI FL 33155 MIAMI FL 33155						DO NOT WRITE IN THIS	SPACE		
us		U	5			3. Date Incorporated or Qualifed		·	
						04/28/1993 4. FEI Number	Ann	lied For	•
L _ '	ace of Business	ļ	. Mailing Address			65-0405277		Applicable	
21 Suite, Apt. 1	t oto	26	Suite, Apt. #, etc.				\$8.75 A		
22	4, BCC.	27				5. Certificate of Status Desired	Fee Rec	juired	
City & State	<u> </u>		City & State	-25: 00		6. Election Campaign Financing .	. \$5.00 ı	Vay Be	
23		28				Trust Fund Contribution	Added to	Fees	
Zip	Country		Zip	Count	у	8. This corporation owes the current year into		٦	
24	25	29		ю <u> </u>		Personal Property Tax.		□No	
	9. Name and Address of Curren	t Regi	stered Agent	— -	41 Name	10. Name and Address of New Registered	V V		
цью	RIS. ELUOTT			Į°	1 (ARMONA, BENITO.	<u> </u>		
1	SW 3RD ST			₹	2 Street A	dress (P.O. Box Number is Not Acceptable)	Citt	200	
	H FLOOR			a	1-/4	100 SW 30 IEEE	70 00		
	AI FL 33130			١	1				
1				[8	4 City	MIAMI FL	85 Zip C	*****************	
44 Discussion	a the provisions of Sections 607 050	2 and 6	807 1508. Florida Statutes	the abo	ve-named C	progration submits this statement for the purpose of	changing its r	egistered	
office of re	egistered agent, pooth, in the State	of Flori	da. Such change was aut	nonzed t	y the corpor	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	ntment as reg /	istered	1
agent. I ar	n familiar with she accept the obega	ruens o	r, section 607.0505, mont BENIT	DE SMILL	1 /	rmova 3/3	n 199		
SIGNATURE	Signature street expenses have or registered ages			0 7					
		AL BUILDING BLOOM	NE appaicable (NOTE: F	degistered A	mit Mission a sad	tring when reinstating) DATE			8
12.	OFFICERS AN		ECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12	1/98)
12.	PSD OFFICERS AN					utind when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12	(11/98)
<u> </u>	PSD CARMONA, BENITO A		ECTORS	13.		utind when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12	034 (11/98)
TIFLE	PSD OFFICERS AN		ECTORS	13. 1,1 TITL 12 NAM		ADDITIONS/CHANGES TO OFFICERS AN	iD DIRECTOR	RS IN 12	2E034 (11/98)
TITLE NAME	PSD CARMONA, BENITO A 7400 SW 50 TERR, STE 200 MIAMI FL 33155		ECTORS	13. 1.1 TITU 12 NAM 1.3 STRI 1.4 CITY	ET AGORESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	□ Addition	CR2E034 (11/98)
NAME STREET ADDRESS	PSD CARMONA, BENITO A 7400 SW 50 TERR, STE 200 MIAMI FL 33155		ECTORS	13. 1.1 TITU 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITU	ET AQORESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTOR Change	Addition	CR2E034 (11/98)
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 received 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 attacking with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90071 005 ***150.00