PROFIT
CORPORATION
ANNUAL REPORTS

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000034524

1. Corporation	I OUGO				
Principal Plac	ce of Business	Mailing Address			LOO HIRIT ORBOIT ONLE HIGH BAUR HOOF
367 W 29 ST		367 W 29 ST		*	4
HIALEAH FL 33012 HIALEAH FL 33012 US US		e ·	DO NOT WRITE IN T	UC CDACE	
03		00		DO NOT WRITE IN TH 3. Date Incorporated or Qualifed	IS SPACE
}	•			05/03/1995	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0577451	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional	
22		27	WR	S. Control of States Desired	Fee Required
City & Star	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	Intangible
24 25 29 30 9. Name and Address of Current Registered Agent 10				Personal Property Tax. 10. Name and Address of New Registere	Yes No
81 Name					
	ALOIA, MARIA		82 Street Addr	(D.O. Barry)	
	W 29 ST		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
HIAL	LEAH FL 33012		83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
agent. I a			ida Statutes.	m's board of directors. Thereby accept the app	omment as registered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTF:	Registered Agent signature required	when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	-	☐ Change ☐ Addition
NAME	DE ALOIA, MARIA		1.2 NAME		
STREET ADDRESS	367 W 29 ST		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE		☐ DELETE	2.1 TITLE .		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP		
TITLE NAME	APPOLISE PO	. Li Dece 16	3.1 TITLE 3.2 NAME	•	☐ Change ☐ Addition
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CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			4. 2 NAME		—, ° —
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CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TTLE		☐ Change ☐ Addition
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TITLE		☐ DELETE	6.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS			6.3 STREET ADDRESS	•	Į
OURTE VEDENCE			# AND INDEX REGION		ì

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 attachyment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

IGNATURE AND PYPER OR PRINTED NAME OF BROKING OFFICE PROPERTY OF THE PROPERTY

1/6/99

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90023 003 ***150.00

305-887-6500

POE034 (11/08)