PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000071049

665 EAST 51ST STREET HIALEAH FL 33013 2. Principal Place of Business 2a. Mailing Address 21	Suite, Apt. #, e	tc.	Suite, Apt. #, etc	. .
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FILED Apr 25, 1999 8:00 am Secretary of State

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Suite Apt Rect. Suite Apt	665 EAST 51ST HIALEAH FL 330		665 EAST 51ST STREET HIALEAH FL 33013			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
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City & State Ci	22	, oto.	<u> </u>			E Contiferte of Statue Desired 184
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25 29 30 Personal Property Tax. Yes No	23		28			Trust Fund Contribution Added to Fees
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 60 NZALEZ, MERCEDES 685 EAST 51ST STREET HIALEAH FL 33013 12. Street Address (P.O. Box Number is Not Acceptable) 82. Street Address (P.O. Box Number is Not Acceptable) 83. Address of New Registered Agent 84. City FL 65. Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of Section 67 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 67 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and acceptable of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and acceptable of the appointment as registered agent. I am familiar with, and acceptable of the appointment as registered adjustered agent agent. I am familiar with, and acceptable of the appointment as registered agent. I am familiar with, and acceptable of the appointment as registered agent. I am familiar with, and acceptable of the appointment as registered agent. I am familiar with, and acceptable of the appointment as registered agent. I am familiar with, and acceptable of the appointment as registered agent. I am familiar with, and acceptable of the appointment as registered agent. I am familiar with, and acceptable of the appointment as registered agent. I am familiar with, and acceptable of the appointment as registered a	Zip	Country		٠ .		
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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 plan an attachment with an address, with all other like empowered.

SIGNATURE: