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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700003074

1. Corporation Name

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90057 029 ***150.00

271H TR	UCKS, INC	·						
Principal Place	of Business .	Mailing Address	-		1 (001(84) 1)4 (01)1 1841 8811	***** ***** ***** ***** ***** ****** ****		
DOI O THE ELECTION		8975 NW 27TH AVENUE	NW 27TH AVENUE		,		į.	
MIAMI FL 33147		MIAMI FL 33147		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualife			
					01/09/1997			التحسيد والمساع
2 Principal DI	ace of Business	2a. Mailing Address	 = -= -		4. FEI Number	<u>~~ ~</u>	Ap	plied For
─ 1 '	acc considerations	26			6E 0737070		No	t Applicable
Suite, Apt. :	# etc.	Suite, Apt. #, etc.			65-07370 78	П	\$8.75	Additional
22	14.	27			5. Certificate of Status Desired		Fee Re	quired
City & State	e	City & State			6. Election Campaign Financin	g 🖂	\$5.00	- 1
23		28			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the cu	ırrent year inta		
24	25		30		Personal Property Tax.	. D	Yes	□No
	9. Name and Address of Curren	t Registered Agent		1 1	10. Name and Address of New	v Registered /	Agent	
1140	TINET ALEV D	A. 19 1 19 1 19 1 19 1 19 1 19 1 19 1 19	8	Name			·	
	ATINEZ, ALEX P		8:	2 Street Ad	dress (P.O. Box Number is Not Acce	ptable)		
	ARAGON AVENUE					<u>. s. kur sija.</u> 1981 - Balandie k	**************************************	- 34 - 3 - 34 - 34 - 34 - 34 - 34 - 34
	E 265		83	3		子.凯语		
LJUH	IAL GABLES FL 33134	•	84	4 City		-	85 Zip (Code
, JO.,	4			1		FL		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida, Such change was au	s, the about	ve-named co y the corpora	rporation submits this statement for thation's board of directors. I hereby acc	he purpose of cept the appoir	changing its ntment as re	registered gistered
11. Pursuant office or reagent. I as	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obligations of the state	tions of, Section 607.0505, Flori	Registered Ag	· .	uired when reinstating)	DATE		
11. Pursuant office or reagent. I as	m familiar with, and accept the obligation of the control of the c	nt and title if applicable. (NOTE: ID DIRECTORS	Registered Ag	ent signature requ		DATE	ID DIRECTO	DRS IN 12
11. Pursuant office or ragent. I a	m familiar with, and accept the obligation of th	nt and title if applicable. (NOTE:	Registered Ag 13.	ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO C	DATE		
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11. Pursuant Office or ragent. I at SIGNATURE 12.	Signature, typed or printed name of registered ager OFFICERS AN D DE LA PAZ, DAVID 8975 NW 27TH AVENUE	nt and title if applicable. (NOTE: ID DIRECTORS	Registered Ag 13. 1.1 TITLE	ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO C	DATE	ID DIRECTO	DRS IN 12
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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 of 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 grianged, or on an attachment with an address, with all other like empowered.

SIGNATURE: