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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

aide or g

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000011266

1. Corporation Name

## Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90078 026 \*\*\*158.75

	iy management group, I	ING.					
Principal Place	e of Business	Mailing Address		<del></del>	6 100510051 118 10111 10013 40112 43131 00511	99101 118 <b>6</b> F 11816 111	110 BILLO BILL 1881
901 S.W. 69TH	AVENUE	901 S.W. 69TH AVENUE				•	
MIAMI FL 33144 MIAMI FL 33144					DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualifed		
	•				02/04/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	: .	Applied For
21	· 	26			65-0720675		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27					Required
City & Stat	<b>(e</b>	City & State			6. Election Campaign Financing	-	O May Be d to Fees
Zip	Country	Zip	Countr		Trust Fund Contribution  8. This corporation owes the current year		u to rees
	25 i	29	30	,	Personal Property Tax.	ar,ınıangıpıe ∐Yes	□No -
24	9. Name and Address of Current		1301		10. Name and Address of New Registe	ered Agent	_
	Ţ.;	<u> </u>	81	1 Name	•		
	MI CORPORATE SYSTEMS, INC.		8:	2 Stract	Address (P.O. Box Number is Not Acceptable)		
	BLUE LAGOON DRIVE		0.	Z Sueet /	Address (F.O. Box Number to Not Neceptable)		
	TE 700		83	3			_
MIAN	MI FL 33126		84	4 City	N. WANTAG	<b> 85</b> Zi	p Code
				,	corporation submits this statement for the purpor oration's board of directors. I hereby accept the a	FL	
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE			equired when reinstating) DAT		
12.	Signature, typed or printed name of registered agen OFFICERS AN	D DIRECTORS	: Registered Age	ent signature re		S AND DIREC	TORS IN 12
12.	D		13.	ent signature n	equired when reinstating) DAT	TE	TORS IN 12
12. TITLE NAME	D OFFICERS AN PINO, SERGIO	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ent signature n	equired when reinstating) DAT	S AND DIREC	TORS IN 12
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MIAMI FL 33144 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not gualify 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 troe 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.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Daytime Phone #