FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P970000 29649 W

1. Corporation Name

Signs a adulthsing ine

151 Crandon Blod unit 728

key Biscayne, F1 33149

Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90098 041 ***150.00

FILED

Principal Place of Business / Mailing Address		
	_	
Same as about		DO NOT WRITE IN THIS SPACE
June out to		3. Date incorporated or Qualifed
		4-02-1997
2. Principal Place of Business 2a	. Mailing Address	4. FEI Number Applied For
21	1. Mailing Address 151 Crando B	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired 5. Serviced 5. Servic
22 27.	-and 128	Fee Required.
City & State	City & State	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
23 28	Zip Ruscayre Country	
Zip Country 24 25 29	33/49 30 25	8. This corporation owes the current year Intangible Personal Property Tax.
24 25 29 9. Name and Address of Current Regi		10. Name and Address of New Registered Agent
3. Hame and Address of the State of the Stat		
Diomain Ree		to the Address (D.O. Day Number in Net Acceptable)
91005. Daldand Blod 410 82 Street Address (F		treet Address (P.O. Box Number is Not Acceptable)
9100 5 . 200000	83	
Mami Fr 33	157	
7 - Acomo 12 - 05	/ S = 84 C	ity FL 85 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		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of 507.0505, Florida Statutes.		
SIGNATURE Signature, typed or printed name of registered agent and title	e if applicable. (NOTE: Registered Agent sig	nature required when reinstating) DATE
12. OFFICERS AND DIR		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P mana and Madora	MONZAL DELETE 1.1 TITLE	Change Addition
NAME 151 crandon Blot	unit 728 : 12 NAME	
STREET ADDRESS Key Biseayne, FL	_ 33147 1.3 STREET AD	PRESS
CITY-ST-ZIP 9		
me / marin a. Post	10 MALATA 2.1 TITLE	☐ Change ☐ Addition
NAME IS CHARLES ON BOLING	7111728 22 NAME	
STREET ADDRESS 151 Cransm 1980	2.3 STREET AD	PRESS
crry-st-zip. Rey Biscayne,	2.4 CITY-ST-Z	
TITLE 1 Day Cristing &	OStao MOSATA 32 NAME	☐ Change ☐ Addition
NAME 15, Cranton Pol. I	2/17 720	
STREET ADDRESS 15 / Clarific PSEVE	3.3 STREET AD	
CITY-ST-ZIP /Ley /DISCAYNE 7	L 33/49 34.CITY-ST-Z	Change Addition
TITLE +S DATE OF THE	DELETE 4.1 TITLE	Change DAddition
NAME TOSE RUIS PARILY	4.2 NAME	
STREET ADDRESS 151 Cranton Polyto	43 STREET AD	
CITY-ST-ZIP bley Buscayne f	1 93/49 44 CITY-ST-ZI	Change Addition
TITLE / / / ·	LI DELETE 5.1 TITLE	Change Addition
NAME	5.2 NAME	DECC
STREET ADDRESS	5.3 STREET AD	
CITY-ST-ZIP	5.4 CITY-ST-Z	☐ Change ☐ Addition
TITLE	DELETE	U viange U Addition
NAME	6.2 NAME 6.3 STREET AD	
STREET ADDRESS		

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 attackment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR