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

**PROFIT** CORPORATION : ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Callancased, Th

SECRETARY OF STATE 

DOCUMENT #1 7970000 74672 Corporation Name

ORDER CORP. House

al Place of Business		Mailing Ad		
1619 1611	A	······································		

LENDX Ave. #10 BEACH

MIAMI BEACH FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		33139		3. Date Incorporated or Qualited			
							.1
Suite A	Apt. #, etc.	26					Applied For
1	Ψι. W. ΘΙΟ.	Suite, Apt. #, etc.	·		65-07850	<b>~</b> 0	Not Applicable
City of		27			5. Certifcate of Status Desired	~ \$8	75 Additional
City & S	state	City & State		<u> </u>			ee Required
·;		28	•		6. Election Campaign Financing		
Zip	Country	Zip			Trust Fund Contribution	□ \$5	.00 May Be
1 '	25	<del></del>	Co	untry		Ad	ided to Fees
9. Name and Address of Current Registered Agent			8. This corporation owes the current year Intangible Personal Property Tax.				_
	and madress of Current	Registered Agent			10 Name and Add	\ \ Yes	™No
-	PILAR ALFARO			81 Name	10. Name and Address of New F	legistered Agent	
1.5	MLTARO				•		
1(	alu 1			82 Street Addres	s (P.O. Box Number is Not Accepta	thin)	
	renox Vive. #	10		<del></del>			· 5 (100)
	liami BEACH FL.	33139	i	83		135	, , , ,
236 3 "		• • •		84 City			: }
Jarsuan	nt to the provisions of Sections 607.0502 a registered agent, or both, in the State of am familiar with, and accept the obligation		ļ	J,		85 2	Zin Code
office or	registered agent, or both, in the State of	and 607.1508, Florida State	utes, the at	00ve-named corpora	Micro cub. 4. 4	_ FL   "   "	ip code
agent.	registered agent, or both, in the State of am familiar with, and accept the obligation	riorda. Such change was	authorized	by the corporation's	board of directors. I hereby age	surpose of changing	its registered
= ۱۷۱۱ ماه- منت	- I TO CHI GALLON 1"	7 100	onda Statu	tes.	_	the appointment as	registered
المسمر	Signature, typed or printed name of registered agent an				- 11C		
-	OFFICERS AND (	DIRECTORS	C: Registered /	agent signature required who		4-28-0C	
-	PSTOD	DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIDEO	7070
-	ALFARO, PILAR	₩ DEFE 16	1.1 ग्राप्ट	E		DOLLO AND DIREC	
I AUUHESS	1619 LENOX AVE.		1.2 NAM	ie i	200000	Chang	e 🗌 Addition
ST-ZIP	A		1.3 STR	EET ADDRESS	600007 1750-	25616	75
	MIAMI BEACH FL :	33139	1.4 CITY		00/11	7 00~~011182	'~
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•				J		Change	d ☐ Addition
. FREEZON I	·-	, .	2.2 NAME	ŀ			
ST-ZIP		•	2.3 STRE	ET ADDRESS	~ - A		
			2. 4 CITY	-ST-ZIP			
		☐ DELETE	3.1 TITLE		<u> </u>		
1 ADDRESS			3.2 NAME			Change	☐ Addition
1	•	•	3.3.STREE	TADORESS			!
T-ZIP							[
.		□ DELETE"	3.4. CITY -				ĺ
			-			☐ Change	Addition
ADDRESS		/	4.2 NAME	! ~	*** <u>-</u>	ப் அள்கும்	
-ZIP		1	4.3 STREE	TADDRESS	•		
			4.4 CITY-5	T-ZIP	\ 1 X \		1
- L.		☐ DELETE	5.1 TITLE		\_h{115	<u>.</u>	<u> </u>
ADDRESS		N.	5.2 NAME	ĺ	$(V_0)_{i,j}$	☐ Change	Addition
i		`	5.3 STREET	ADDRESS	Ψ' ') :	* ,	}.
ZIP			5.4 CITY-ST			and the second	- · · · · · · · · · · · · · · · · · · ·
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CORESS	•		6.2 NAME	1		□ Опанув	☐ Addition
ZIP	•		6.3 STREET A	ADDRESS	•		
ereby certi	ify that the information	<u> </u>	6.4 CITY-ST-	ZIP			, )

ereby 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 licated on this acquail 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 12 or Block 13 if changed; or on an attachment with an address, with all other like empowered.

305-604-6018