PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000015998

Principal Place of Business	Mailing Address	
12820 S.W. 105 TERRACE MIAMI FL 33186	12820 S.W. 105 TERRACE MIAMI FL 33186	
	•	3. Da
Principal Place of Business 21	2a. Mailing Address	4. FE 5. Ce
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22	. 27	
City & State	City & State	6. Ele
	City & State	

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90052 004 ***150.00



Principal Place of	Business	Mailing Address					1000 (100)	
12820 S.W. 105 TE MIAMI FL 33186	RRACE	12820 S.W. 105 TERRACE MIAMI FL 33186			DO NOT WRITE IN 1	THIS SPACE		
	•	·				3. Date Incorporated or Qualifed		
						02/12/1998		-lind for
2. Principal Place	of Business	2a. Mailing Address				4. FEI Number 081504	7	pplied For ot Applicable
Suite, Apt. #, (etc.	Suite, Apt. #, etc.		-		5 Certificate of Status Desired	.\$8.75 / Fee Re	Additional aquired
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees
Zip	Country	Zip	Count	у		8. This corporation owes the current year		_
24	25	29 3	0			Personal Property Tax.	<u></u>	□No
	g. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Register	red Agent	
			8	1 Nam	9			
	, EUGENIO S.W. 105 TERRACE		8	2 Stree	t Addre	ss (P.O. Box Number is Not Acceptable)		
	FL 33186		8	3			. <u>-</u> .	· -
			8	4 City			85 Zip	Code
					,		FL 3 2	
office or regi agent. I am f SIGNATURE	the provisions of Sections 607.056 stered agent, or both, in the State amiliar with, and accept the object amiliar with and accept the object amiliar with any or provision accept the object and only of the object and object	of Florida. Such change was auto- tions of Section 607,0505, Florid	nonzed b la Statute	ss.	poration	oration submits this statement for the purpose n's board of directors. I hereby accept the an accept the an accept the an accept the	prointment as re	egistered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	ORS IN 12
TITLE	<i>U</i>	☐ DELETE	1.1 TITLE		VI	ce-residens	Change	Addition
NAME	•		1.2 NAME	E	A	ranca tranta Oles	La.	,
STREET ADDRESS			1.3 STRE	ET ADDRES	s /	2020 SW 105 Te	Nace	
CITY-ST-ZIP			1.4 CITY	ST-ZIP	1	MANI EZ 33186		
TITLE		☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME			2.2 NAMI	•				
STREET ADDRESS			2.3 STRE	ET ADDRES	s			
CITY-ST-ZIP			2. 4 CITY		_	<u> </u>	-FIChanna	[] Addition
TITLE	- ، . شحري	- = DELETE : -	3.1 TITLE			•	~ [Change	C Addison:
NAME			3.2 NAMI					
STREET ADDRESS				ET ADORES	s			}
CITY-ST-ZIP	<u> </u>	DELETE	3.4. CITY				☐ Change	Addition
TITLÉ			4.1 TITLE					
NAME			4. 2 NAM					
STREET ADDRESS				ET ADDRES	٥			
CITY-ST-ZIP		☐ DELETE	4.4 CITY				☐ Change	Addition
TITLE			5.2 NAM					
NAME				ET ADDRES	s			Ì
STREET ADDRESS			5.4 CITY					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		+		☐ Change	☐ Addition
TITLE		با محدد ال	6.2 NAM					_
NAME				ET ADDRES	s	•		
STREET ADDRESS			6.4 CITY					
1 GH7-SI-7P 3					1			1

CITY-ST-ZIP 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 of 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: