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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # **P98000023506**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 07, 1999 8:00 am Secretary of State

05-07-1999 90044 014 ***150.00

ONE STO	op enterprises, inc.						
Principal Place	e of Business	Mailing Address		())(4) (3)() 0) ()) 00))(00)() 05 ()	10 16000 alids 01ate 0	4119 4111 (BB)
2215 NW 14 ST. 2215 NW 14 ST. MIAMI FL 33129 MIAMI FL 33129					DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporate		0 00 7.02	
				03/12/1998			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	2077		lied For
21		26 dO 151000	ave	(A)-041.	58 IU		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Stat	tus Desired	\$8.75 A	quired
City & State	е	City & State	ChE!	6. Election Campai	-	\$5.00 h	٠,
23	Country	28 MIQI II 10	Country	Trust Fund Cont		Added to	rees
Zip	Country 25	233139 I	30	Personal Proper	owes the current year I tv Tax.	Yes	ΧNο
24	9. Name and Address of Curre		30		ress of New Registere		
			81 Name	2000 HMAR	niec		1
MOTALES, CHRISTINE				Address (P.O. Box Number	is Not Acceptable)		
	NW 14 ST.			15 NW 14	<u>5t</u>		
MAN	AI FL 33129		83				
		_	84 KY		F		129
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	502 and 607.1508, Florida Statute	s, the above-named	corporation submits this sta	tement for the purpose	of changing its r	registered
agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was at the street of the such as a such	ida Statutes.	ration's board of directors.	4/22/9	9	15.0700
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE:	Registered Agent signature re		DATE		
12.		ND DIRECTORS	13.	ADDITIONS/CHA	NGES TO OFFICERS A	AND DIRECTOR Change	RS IN 12
TITLE	D CHOICE CHOICE	🔀 DELETÉ	1.1 TITLE	DINIA	2000	Change	☐ Addition
NAME	MORALES, CHRISTINE		1.2 NAME	Mordies, III 2215 NW 19 Milordi FL	eana		
STREET ADDRESS	2215 NW 14 ST.		1.3 STREET ADDRESS	ACID NW I	7372 C		
CITY-ST-ZIP	MIAMI FL 33129	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	FILOPINE FL	2014	☐ Change	Addition
TITLE		[2.2 NAME				_
NAME			2.3 STREET ADDRESS				
STREET ADDRESS			2.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	·		☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-\$T-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY+ST-ZIP				□ Additio-
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualfy 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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: