الأسريد الآقرية

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90083 036 ***150.00

	1999	DIVI	SION OF CORPO	JKATI	UNS						
Corporado	MENT # P98 RUCKS, INC.	8000034972									
Principal Place	e of Business	Mailing Address	ss				- 140 12 45 14 14 14 14 15 15 15	IIII ADIS) ANIBA I	1156 61410 (8)11		
2751 NW 84TH		2751 NW 84TH	¢т								
MIAMI FL 3314		MIAMI FL 33147	J1			Į.	· •		*		
	•					i	DO NOT WRI	TE IN THIS	SPACE		
						3. Date Inc	orporated or Qualifed				
						04/16/	1998				ļ
2. Principal P	tace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Num	ber		Ар	olied For	ĺ
21		26	26			65-	0831435		No	Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificati	of Status Desired	Ö	\$8.75 A		
22		27							Fee Re	 -	ļ
City & Stat	e	`	City & State			6. Election Campaign Financing \$5.00 May Be					ĺ
23			28				d Contribution		Added to	Fees	ł
Zip	Country	Zip		untry	. حاجب به ختبیها		oration owes the cur	ent year Inta			
24	25		30		· · ·		Property Tax.	2		∐No	1
	9. Name and Address	of Current Registered Agent		81	N	iu. Name ai	d Address of New I	(eBigrando -	vgen:		i
1 13.40	ONTE, OBED			"	Name				•		
) NW 32 PL.					ess (P.O. Box N	umber is Not Accept	able)			l
	Al FL 33125								','		
Miran	M FE 33123			83				•			İ
				84	City		l	FL	85 Zip C	ode	
				Ш		47	this statement for the		honolon ite	ranistered	l
		s 607,0502 and 607,1508, Flor the State of Florida, Such char			-named corp he corporatio	on's board of dire	ctors, I hereby acce	pt the appoin	tment as reg	istered	ĺ
agent. I a	m familiar with, and accept	the obligations of, Section 607.	.0505, Florida Sta	itites.	•						ı
SIGNATURE						dutes minutaina)	,	DATE			
	Signature, typed or printed name of re	CERS AND DIRECTORS	(NOTE: Hagister		ngrams require	ADDITION	S/CHANGES TO OF		DIRECTO	RS IN 12	88
12.	DP OFFI			mle					Change	☐ Addition	CR2E034 (11/98)
TITLE	LIMONTE, OBED		1	WHE							4
NAME	1240 NW 32 PL			1.3 STREET ADDRESS			i			j	
STREET ADDRESS	MIAMI FL 33125		I i	CITY-ST-							្តដ
CITY-ST-ZIP	MIDUNI PL 33123	П		IIITE					Change	Addition	Ö
TITLE				NAME						(
NAME					NODRESS .						ı
STREET ADDRESS				CITY-ST		٠					l
CTY-ST-ZIP				MLE	· ur				Change	Addition	l
IUTE		Ų-		WE					- ·.	_	l
NAME				STREET A	Inneres !						l
STREET ADDRESS			1 -	CITY-ST-							i
OTY-ST-ZIP				MLE	- 24				Change	Addition	l
NAME				NAME	ł	i					
STREET ADDRESS				TREET A	VDORESS					İ	l
CITY-ST-ZIP				mr-ST-	ŀ	•		•			ı
TITLE			ELETE 5.1 T						Change	☐ Addition	ii
NAME				MÆ)					}	l
STREET ADDRESS			5.3 5	STREET A	LOORESS					1	
CITY-ST-ZIP			5.4 (ary-ST-	zne				٧		
TITLE		_ 0	ELETE 8.1 T	TILE	 				Change	Addition	
NAME		_	6.2 N	WE		,				1	
STREET ADDRESS			6.3 9	TREETA	DORESS					Į	
CITY-ST-ZIP			640	:rty-st-	zpe						
14 I barabu a	andife that the information of	malical with this filing done not	qualify for the eve	motion	n elated in C	Adlan 119 07/3	(i) Florida Statutes I	further certif	v that the in	formation	

I hereby certify that the information supplied with this hing does not quality for the exemption stated in Section 119.07(3)(I). Florida Statutes, in furtier carried 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 call; 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: >

SIGNATURE REQUIRED

SIGNATURE AND TYPED ON PRINTED NAME OF WIGHING OFFICER OR GRECTOR