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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90001 006 ***150.00

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1380 NE MIAMI			139) ne miami gardens d	R				,			
SUITE 115	CHIDENO DI			TE 115	••							
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									3. Date Incorporated or Qualifed			
									09/03/1991			
2. Principal Pl	lace of Busine	SS	2a.	Mailing Address					4. FEI Number		<u> </u>	pplied For
21			26						65-0288332			ot Applicable
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.				^	5. Certifcate of Status Desired	<u> </u>		Additional equired
City & State	e			City & State					6. Election Campaign Financing		•	May Be
23			28						Trust Fund Contribution			to Fees
Zip	_	Country	\perp	Zip	Cou	ntry			 This corporation owes the curr 	ent year Inta		
24	2		29		30				Personal Property Tax. O. Name and Address of New F	la mintara di A	Yes	□No
	9. Name a	nd Address of Curre	nt Regis	tered Agent		81	Name	1	0. Name and Address of New P	registered /	4gent	
FRAY	YND, GERMA	N				•	Name					
	•	SARDENS DR.				82	Street Ad	ddress	(P.O. Box Number is Not Accepta	able)		
SUM	E 115				ŀ	83						
N MI	ami BCH FL	33179									los Zin	Codo
	•					84	City			FL	85 Zip	Code
office or re	ranc hataisina	nt or both in the State	of Florid	07.1508, Florida Statute la. Such change was au Section 607.0505, Flori	monzea	וז עמ	named co he corpora	orporat ation's	tion submits this statement for the board of directors. I hereby accept	purpose of on the purpoint	changing its itment as re	s registered egistered
SIGNATURE										DATE		\
<u></u>	Signature, typed or	printed name of registered agr			-	Agent	signature req	quired who	en reinstating)	DATE FICERS AN	D DIRECTO	DRS IN 12
12.		printed name of registered ago OFFICERS A		CTORS	13.		signature req	quired wh	an reinstating) ADDITIONS/CHANGES TO OF		D DIRECT(ORS IN 12
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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 empower 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

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

EQUIRED