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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # \$90465

D.F.E.I., CORP.

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS 03-01-1999 90182 016 ***158.75

FILED
Mar 01, 1999 8:00 am
Secretary of State
00 01 1000 00100 014 444150 55

Principal Place	of Business	Mailing Address					BINIT AINT NIMIT MINIT MINIT	- WINDER COM
7991 NW 21 STREET MIAMI FL 33122		7991 NW 21 STREET MIAMI FL 33122		DO NOT WRITE IN	THIS SPACE			
US US						3. Date Incorporated or Qualifed		
				٠.		10/29/1991		1
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	App	olied For
<u> </u>	ace of Business	26				20-7150155 65-029	1353 Not	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					/ \$8.75 A	dditional
27			•			5. Certifcate of Status Desired	Fee Rec	quired
City & State	9	City & State				6. Election Campaign Financing	\$5.00 1	May Be
23		28				Trust Fund Contribution	Added to	Fees
Zip				ntry		8. This corporation owes the current ye		_
24	25	25 29 30				Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Regis	ered Agent	
				81	Name			
UIPAN, ANTONIO				82	Street A	ddress (P.O. Box Number is Not Acceptable)	<u></u>	
	NW 21 STREET			Ц	.,	,		
MIAN	Al FL 33122			83				
				84	City		85 Zip C	ode
		_			-		FL "	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the a	bove	-named c	corporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its a	registered }
office or re	egistered agent, or both, in the state m familiar with, and accept the oblige	of Florida, Such change was a stors of, Section <u>607.0</u> 505, Flo	rida Stat	utes.	rie corpo	ration's board of directors. I hereby accept the	• / / / / / / / / / / / / / / / / / / /	7.
	• ///	(Antoni					4 1/30/	99
SIGNATURE		nt and title if applicable. (NOTE				quired when reinstating) D/	ITE /	50.0440
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE	PTD	☐ DELETE	1.1 TI	TLE		,	E Change	L Addition
NAME	UIPAN, ANTONIO		1.2 N	AME		8923 S.W. 102 Place		1
STREET ADDRESS	2420 S.W. 108TH PLACE		1 <u>.3 S</u>	TREET	ADDRESS	8925 5.00 100 1000		
CITY-ST-ZIP	MIAMI FL			TY-ST	<u>-ZIP</u>	Miami - FL 33176	☐ Change	Addition
TITLE	SVD	☐ DELETE	2.1 TITLE				Cuange	Addston
NAME	UIPAN, ALICIA		2.2 NAME		j			1
STREET ADDRESS	7991 NW 21 STREET		2.3 S	TREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL.		2.40	ITY-S	T-ZIP	<u> </u>		Addition
TITLE		☐ DELETE	3,1 T	ŧΕ	ľ		☐ Change	L. Addition
NAME			3.2 N	AME	-			}
STREET ADDRESS			3.3 S	TREET	ADDRESS	•		ì
CITY-ST-ZIP			3.4. 0	ITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 T	TLE			☐ Change	☐ Addition
NAME			4.21	AME		•	•	Ì
STREET ADDRESS			4.3 S	TREET	ADDRESS	•		1
CITY-ST-ZIP	_		4,4 C	ITY-SI	r-ZJP			
TITLE		☐ DELETE	5.1 T	TLE		•	Change	☐ Addition {
NAME					- 1			
STREET ADDRESS			5.2 N		- 1	• •	•	ļ
STREET ADDITION			Bi .		ADDRESS		•	
CITY-ST-ZIP			5.3 S 5.4 C	TREET				
ì		☐ DELETE	5.3 S	TREET			☐ Change	Addition
CITY-ST-ZIP		☐ DELETE	5.3 S 5.4 C 6.1 T	TREET			☐ Change	Addition

6.4 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 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. CITY-ST-ZIP

SIGNATURE:

(Antonio Uipan

01-30-99

(305) \$477-2270