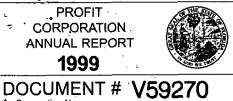
PROFIT CORPORATION . ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90267 032 ***150.00

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Principal Place	. · · · · · · · · · · · · · · · · · · ·	Mailing Address				
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US	.	- US		DO NOT WRITE IN T	HIS SPACE	
	• •			3. Date Incorporated or Qualifed		
		iji		08/21/1992		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	App	olied For
	(s.w. 41st st	26 7341 5.	w. 4/st st	65-0357489	· + · ·	Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 A	
22	A ¹⁶	27	ere tu un en ere ere ere ere er	5. Certificate of Status Desired	4 - · · · ·	puired =
City & State	e	City & State		6. Election Campaign Financing	\$5.00	May Be
23 HIA	. # no: 0/1	28 HiAHi, F	Zori da	Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24 33/			30 11. S. A.	Personal Property Tax.		□No
24	9. Name and Address of Current			10. Name and Address of New Register	ed Agent	
		y	81 Name			
	la madrid, daisy gil		00 04	(D.O. Day Number is Not Assertable)	· · · · · · · · · · · · · · · · · · ·	
1140	01 S.W. 35TH LANE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)		}
MIAI	MI FL 33165		83			
			84 City	·	5	Code
11 Dureught	to the movisions of Sections 697 0502	and 607 1508. Florida Statutes	s the above-named come			registered
office of t	egistered agent, or both, in the State of	f Florida, Such change was au	thorized by the corporatio	n's board of directors. I hereby accept the at	pointment as reg	istered
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agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes.	oration submits this statement for the purposen's board of directors. I hereby accept the ap		,
agent. I a	* De may Suf			4114199		
SIGNATURE	Signature, typed or printed name of registered attent	and title if applicable. (NOTE: I	Registered Agent signature required	4114199		
SIGNATURE	* De may Suf	and title if applicable. (NOTE: I		when reinstating) DATE		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: I	Registered Agent signature required	when reinstating) DATE	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DE LA MADRID, DAISY GIL	and title if applicable. (NOTE: I	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	when reinstating) DATE	AND DIRECTOR	RS 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 of 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 received or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if chalged, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1

(301) 26/- 2848