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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 430185

1. Corporation Name

Principal Place of Business	Maili
3939 NW 7TH STREET	3939 MIAM
MARKET DOLOG	

## **FILED** Feb 15, 1999 8:00 am Secretary of State

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Principal Place	of Rusiness	Mailing Address				1	[ 188121 B1894 (2014 B814) (1896 1898 1891 8111 811	III BIBII BIŞII VIZIV V	g() g(e) () ()
3939 NW 7TH S		3939 NW 7TH STREET					•		
3939 NW 717 3 MIAMI FL 33126		MIAMI FL 33126					DO NOT WRITE IN TH	IIS SPACE	
					-	Date Incorporated or Qualifed	110 017102		
						3.	07/05/1973		
		a Neille - Address				4	FEI Number	Apı	lied For
2. Principal Place of Business 2a. Mailing Address					"	59-1482577	- Not	Applicable	
21		Suite, Apt. #, etc.				+		\$8.75 A	dditional
Suite, Apt. i	#, etc.	<u>⊢</u> 1				5.	Certifcate of Status Desired	Fee Re	quired
22		City & State				- E	Election Campaign Financing	\$5.00	May Be
City & State	<del>e</del>	⊢				\ °.	Trust Fund Contribution	Added to	Fees
23	Country	28	Cou	untry		R	This corporation owes the current year	Intangible	
Zip			30	•		ļ	Personal Property Tax.	Yes	□No
24	25   9. Name and Address of Curre	1-*1	001	T	<del></del>	10.	Name and Address of New Register	ed Agent	
	3. Name and Address of Conte			81 Na	ame			•	ļ
ORO	SA, ANTONIO			00 0		nen /F	O. Box Number is Not Acceptable)		
	SW 87 CT.			82 St	reet Addre	255 (P	O. Box radings is rate Acceptable)	<u> </u>	
	WI FL 33174			83					7 t - 11.
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0.0147005		pations of, Section 607.0505, Flo					· · · · · · · · · · · · · · · · · · ·		
SIGNATURE	Signature, typed or printed name of registered ag	gent and titte if applicable. (NOTE	: Registere	d Agent sign	nature required	d when	reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	OFFICERS A		Registere	d Agent sign	nature required	d when	reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		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 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.

SIGNATURE: