NONPROFIT CORPORATION ANNUAL REPORT

1999



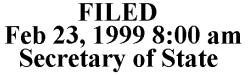
FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N39009**

1. Corporation Name



02-23-1999 90079 046 \*\*\*\*70.00

INC.	MIA DE LAS LUMINAHIAS	DE LAS BELLAS AHTES,				
Principal Place of Business Mailing Address						
6702 SW 25 TERR. 6702 SW 25 TERR. 2250 SW 3RD AVE MIAMI FL 33155 US						
		20 14-11- 14-14			3. Date Incorporated or Qualifed	
2. Principal Place of Business 2a. Mailing Address 26					07/10/1990	
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.					4. FEI Number Applied For	
22	<del></del>				<b>65-0226260</b> Not Applicable	
City & Stat	City & State City & State				5. Certificate of Status Desired \$8.75 Additional Fee Required	
23						
Žip	Country	Zip 30	Country		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be	
24	9. Name and Address of Curr		<u> </u>		10. Name and Address of New Registered Agent	
	- Hamb and Add of the		81	Name		
OLIVA, RUBEN			82	Street A	Address (P.O. Box Number is Not Acceptable)	
2250 SW 3RD AVE			83			
	MIAMI FL 33129					
			84	City	85 Zip Code	
					corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: Re	egistered Agen	nt signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	. 1	B Addition	
NAME	ROMAN, PEDRO		1.2 NAME		DE OTERO, ERNESTO	
STREET ADDRESS	ATAN AND ASTULTED		1.3 STREET	ADDRESS	1750 W 46 ST # 113	
CITY-ST-ZIP	MIAMI FL.		1.4 CITY-S	T- ZIP	H14LEAH FLA 33012	
TITLE	VPD	☐ DELETE	2.1 TITLE		VPD ESTEVEZ, EMMA	
NAME	MOLINA, ANTONIO		2.2 NAME	İ	6250 SW 4 ST	
STREET ADDRESS			2.3 STREET		MIAMI FO 33144	
CITY-ST-ZIP	MIAMI FL D	☐ DELETE	2. 4 CITY-S 3.1 TITLE	51-ZIP	Change Addition	
NAME	OTERO DE, ERNESTO		3.2 NAME		D ROMAN PEDRO	
STREET ADDRESS	AREA IN AATIL OF MAAA		3.3 STREET	TADDRESS	6702 SW 25TELR	
CITY-ST-ZIP	HIALEAH FL		3.4. CITY- S	T-ZIP	MIAMI FOR 33155	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS	3			T ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S' 5.1 TITLE	T-ZIP	☐ Change ☐ Addition	
TITLE NAME		[] DELETE	5.1 NAME			
NAME STREET ADDRESS			5.3 STREET	T ADDRESS		
CITY-ST-ZIP	1		5.4 CITY-S	T-ZIP		
TITLE	- "	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME	1	· · · · · · · · · · · · · · · · · · ·	

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 617. 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