FILED May 06, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

	1999 DIVISION OF CORPORATIONS					05-06-1999 90094 006 ***150.00
DOCUI	MENT # P9500	00066951				
Principal Place	e of Business	Mailing Address				
Principal Place of Business Mailing Address 14664 S.W. 44TH TERRACE 14664 S.W. 44TH TERRACE						
MIAMI FL 33175		MIAMI FL 33175	_			
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
						08/29/1995
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21		26				65-0613414 Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
22	. 27					Fee Required
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be
23			Zip Country			Trust Fund Contribution Added to Fees
Zip	Country 25	29	30	ii iu y		8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Cu		1301			10. Name and Address of New Registered Agent
				81	Name	3
DE ORO, REINALDO				82 Street Address (P.O. Box Number is Not Acceptable)		
14664 S.W. 44TH TERRACE					000.7	
MIAMI FL 33175				83		
•				84	City	85 Zip Code
	acer or read			Ш	<u> </u>	FL 83 219 0000
office or r	egistered agent, or both, in the S	tate of Florida. Such change was a	uthorized	i by	the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the of	bligations of, Section 607.0505, Flo	rida Stat	utes	•	
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable. (NOTE	Registered	Agen	nt signature re	required when reinstating) DATE
12.		S AND DIRECTORS	13.	rigion	K Signaloro it	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TI	TLE		☐ Change ☐ Addition
NAME	DE ORO, REINALDO	DE ORO, REINALDO		AME		
STREET ADDRESS	AAAAA AARA TERDAACE			1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		1.4 CI	TY-S	T-ZIP	
TITLE	D DELETE		2.1 Ti	2.1 TITLE		☐ Change ☐ Addition
NAME	DE ORO, MARIA		2.2 N			
STREET ADDRESS	14664 S.W. 44TH TERRACE		2.3 S	2.3 STREET ADDRESS		6
CITY-ST-ZIP	MIAMI FL 33175		2.40	2.4 CITY-ST-ZIP		
TITLE	'	☐ DELETE	3.1 TI		Ì	☐ Change ☐ Addition
NAME			3.2 N/		ļ	
STREET ADDRESS	S			3.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE			3.4. CITY-ST-ZIP		Change Addition
TITLE			1	4.1 TITLE		
NAME				4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS				TY-S		
CITY-ST-ZIP TITLE		DELETE	5.1 TI		1-LIF	☐ Criange ☐ Addition
NAME			5.2 N	AME	ļ	; .
STREET ADDRESS			5.3 \$	TREET	T ADDRESS	3

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 C/TY-ST-Z/P

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE: REINALDO DE ORO RECEIVA DO LO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

305-221-2289

☐ Change

Addition