PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000084933 1. Corporation Name

ALIAZONAC OF

FILED May 01, 1999 8:00 am Secretary of State

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HAWAZUR	NAS OF FLORIDA INC.) (AD)(ED) (ED (B)(A) (D)(3) BA3(1 AD)	(1) BO (1) DO(1)		1 0.01 1513 0.0 1(1)	
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Principal Plac	ce of Business	Mailing Address				K. 88411 65161	10117 77012 1070	*******	
520 BRICKELL	KEY DRIVE	520 BRICKELL KEY DRIVE			ì				
,		SUITE 0-305	· · ·		DO NOT WRIT	E IN THIS	SPACE		
MIAMI FL 3313	n	MIAMI FL 33131			3. Date Incorporated or Qualified	12 114 11110	OI NOL		ĺ
					10/02/1998		•	ł	,
2 Dringing D	lace of Business	2a. Mailing Address			4. FEI Number		AD	piled For	1.
21	- Inco of Considera	26			Applied For			1 Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.					\$8.75		
22		27			5. Certificate of Status Desired		. Fee Re		
City & State	lė -	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28		,	Trust Fund Contribution	· <u> </u>	Added		
Zip	Country	Zip	Country		8. This corporation owes the curre	ent year Int	angible		i
24	25	29	30		Personal Property Tax.		Yes	<u>□</u> №	
	9, Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered .	Agent		
			81	Name Rojas.	Marco E.		•	Į	
	ER, ROBERT M		82	Street Addres	ss (P.O. Box Number is Not Accepta	ble)	·····		
	BRICKELL KEY DRIVE				ickell Key Drive	:	<u> </u>		
	TE 0-305		83	Suite	0_305			ſ	
LAIA I	MI FL 33131	•	84	City	0-303		85 Zip (
1946-6		Z1 .	1 1	-7-		FL	. 33	121	
		/		Miami					
	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-	Miami named corpor	ration submits this statement for the	purpose of	changing its	registered	
	t to the provisions of Sections 607.050 registered agent, or both, in the State, am familiar with, and accept the obligation	2 and 607.1508, Florida Statute of Florida. Such change was au- tions of, Section 607.0505, Flori	s, the above- thorized by the ida Statutes.	Miami named corpor ne corporation	ration submits this statement for the 's board of directors, I hareby accep	purpose of t the appoin	changing its nument as rep	registered gistered	
	to the provisions of sections 607.050: registered agent or book, if the State am famillar with and accept the obligation	1/		named corpor ne corporation		purpose of t the appoin	changing its niment as re	registered pistered	
11. Pursuant office or r agent. I a	Signature, hyped or privated name of registered agen	and tile if applicable. (NOTE:	Registered Agent s	M1am1 named corporation ne corporation	when reinstating)	purpose of the appoin	changing its nument as re	registered pistered	(86)
11. Pursuant office or ragent. I a SIGNATURE	Signature, hiped or plinted name of registerant agent	and the V applicable. (NOTE) D DIRECTORS	Registered Agent a	named corpor ne corporation		purpose of the appoin	changing its itment as re	registered gistered	11/98)
11. Pursuant office or ragent. I a SIGNATURE	Signature, hyped or pleased name of registered figure OFFICERS AN	and tile if applicable. (NOTE:	Registered Agent s 13. 1.1 TITLE	named corpor ne corporation	when reinstating)	purpose of the appoin	changing its nument as re	registered pistered	4 (11/98)
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE	Signature, hipset or phread name of registered figure OFFICERS ANI D VILLAMIZAR, ROBERTO	ond sie V applicatio. (NOTE I D DIRECTORS	Registered Agent a 13. 1.1 TITLE 1.2 NAME	named corporation 16 corporation	when reinstating)	purpose of the appoin	changing its itment as re	registered gistered	=034 (11/98)
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, hipset or phread name of registrational periods of FICERS AN D VILLAMIZAR, ROBERTO 520 BRICKELL KEY DRIVE STE	ond sie V applicatio. (NOTE I D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET A	named corporation le corporation lightlive required a	when reinstating)	purpose of the appoin	changing its itment as re	registered gistered	22E034 (11/98)
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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 ennual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the conforation 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 open attachment with an address, with all other like empowered.

SIGNATURE:

ALUNE PRoberto Villamizar

3/26/99

(305)374-3800