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

**PROFIT** CORPORATION ANNUAL REPORT 1999

DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **Katherine Harris**

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90119 019 \*\*\*150.00

District Olean & Dustrian	
Principal Place of Business Mailing Address	O TINEM LOSIO MINIO FORIA DELIC LADE ALDEI AIRII AIRII AIRII ALDII ACANI ALDII FORI
8830 S.W. 129TH STREET 8830 S.W. 129TH STREET	
MIAMI FL 33176 MIAMI FL 33176	DO NOT WRITE IN THIS SPACE
2. Date Incor	porated or Qualifed
03/06/19	*
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	
21 26 59-1382	<u> </u>
Suite Apt # etc. Suite Apt. #, etc.	_ \$8.75 Additional
22	of Status Desired
	ampaign Financing \$5.00 May Be
23 Z8 Trust Fund	Contribution Added to Fees
	ration owes the current year Intangible
**!	Property Tax. Yes No
	Address of New Registered Agent
CUBANACUANA CADV	
CUNNINGHAM, GARY	mber is Not Acceptable)
16300 S.W. 109 AVENUE	
MIAMI FL 33157	
84 City	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the	<b>FL</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
	CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P DELETE 1.1 TITLE	CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P DELETE 1.1 TITLE  NAME CUNNINGHAM, GARY 1.2 NAME	CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P DELETE 1.1 TITLE  NAME CUNNINGHAM, GARY  STREET ADDRESS 16300 SW 109TH AVE. 1.3 STREET ADDRESS	CHANGES TO OFFICERS AND DIRECTORS IN 12
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TITLE  NAME  CUNNINGHAM, GARY  STREET ADDRESS  CITY-ST-ZIP  TITLE  VP  NAME  CUNNINGHAM, TED  STREET ADDRESS  CITY-ST-ZIP  TITLE  ST  NIAMI FL  TITLE  ST  NAME  RUSH, DEBRA  STREET ADDRESS  CITY-ST-ZIP  HOMESTEAD FL 33031  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AL CITY-ST-ZIP  DELETE  1.1 TITLE  1.2 NAME  2.1 TITLE  2.4 CITY-ST-ZIP  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  AL CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  1.2 NAME  3.3 STREET ADDRESS  4.1 TITLE  AL CITY-ST-ZIP  TITLE  AL CITY-ST-ZIP  DELETE  4.1 TITLE  AL CITY-ST-ZIP  TITLE  AL CITY-ST-ZIP  AL CITY-ST-ZIP  AL CITY-ST-ZIP  TITLE  AL CITY-ST-ZIP  AL CITY-ST-ZIP	Change Addition
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TITLE  NAME  CUNNINGHAM, GARY  STREET ADDRESS  16300 SW 109TH AVE.  CITY-ST-ZIP  MIAMI FL  TITLE  VP  NAME  CUNNINGHAM, TED  STREET ADDRESS  GITY-ST-ZIP  MIAMI FL  CUNNINGHAM, TED  STREET ADDRESS  GITY-ST-ZIP  MIAMI FL  TITLE  ST  AME  STREET ADDRESS  CITY-ST-ZIP  TITLE  ST  AME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Change Addition  Change Addition  Change Addition  Change Addition
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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 tylstee 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 estachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)