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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCÚMENT # 469550

1. Corporation Name

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90074 015 \*\*\*150.00

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Principal Place	e of Business	Mail	ing Address				$\neg \uparrow$	i indici mirin milin caini alika at	III BUIL DIBEI B	1911 <b>9</b> 1811 811	)){	911 IGBI
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<b>⊢</b>	lace of Business	<b>⊢</b>	Mailing Address					59-1588837			Not App	
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Suite, Apt.	#, Blo.	27	Suite, Apt. #, Gio.				ļ	<ol><li>Certificate of Status Desired</li></ol>		****	Require	
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Zip	Country		Zip	Co	untry			8. This corporation owes the curr	ent vear int	angible		
24	25	29	•	30	-			Personal Property Tax.	<b>,</b>	Yes	□N	。
	9. Name and Address of Cui		ered Agent		T			10. Name and Address of New F	Registered	Agent		
					81	Name						
GON	IZALEZ, MARIA A.					Ot	A	on (D.O. Boy Number in Net Assessed	hla)			——
6481	1 W 12TH COURT				82	Street	Addres	ss (P.O. Box Number is Not Accepta	iDie)			
	EAH FL 33012				83							
١,										<del></del>		
١i					84	City			FL	85  Z	ip Code	ļ
11 Pursuant	to the provisions of Sections 607	0502 and 607	7 1509 Florida Statu	ites, the a	above		corpora	ation submits this statement for the	purpose of	changing	its regis	tered
office or r agent. I a	registered agent, or both, in the St im familiar with, and accept the ob	ate of Florida	. Such change was :	authonze	d bv	the corpo	oration'	's board of directors. I hereby accep	я тпе арроп	ntment as	register	ed
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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:** 

CITY-ST-ZIP