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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Apr 13, 1999 8:00 am Secretary of State

	1999:		DIVISION OF CO	ORPORA	TIONS		04-13-199	99 900 3 0 (015 ***150.0	00
DOCUI	MENT #:479	3284				7				
CO. POIGEO	VGING BASKET. IN	C.	en de servicio de la compansión de la comp Compansión de la compansión de		an a gail a de de la	4.0 10 10 10 10 10 10 10	18 8 51 1 888 1 8 691 3 41 8	CL IBIIL TIEF BIB	CI BIDII OLDII SIRII DI	Bis bibli (CO).
	the manager states to make the set of a	managanin nas na sanjangan	2		a artification of the					
Principal Place	of Business	Maili	ng Address		rewir)		LINGII INNON SIRRAȚIIN	ai raris asei aisi	ii ainii Afail binii e;	81) 81811 1881
7211 S.W. 58TH MIAMI FL 33143			7211 S.W. 58TH AVENUE			DO NOT WRITE IN THIS SPACE				
			1000 11			3. Date Incorp 04/24/19	75	fed		
· .	ace of Business	— <u></u>	lailing Address	~ '	* *	4. FEI Number			<u> </u>	tied For
21		26	75			59-15926	39		\$8.75 A	Applicable
- Suite, Apt.	#, etc. · · · · · · · · · · · · · · · · · · ·	27	uite, Apt. #, etc	٠.٠٠		5. Certificate of	Status Desired	a . 🔲 .	Fee Rec	
City & State	9		ity & State			6. Election Car Trust Fund	mpaign Financi Contribution	ing 🗆	\$5.00 M Added to	
Zip	Country	Z	ip	Count	гу	8. This corpora	ation owes the	current year		_
24	25 29 30					Personal Property Tax.				
	9. Name and Address	of Current Register	red Agent		1 Name	10. Name and	Address of Ne	w Registere	d Agent	
DICK	INSON, ROBERTA H.			°		•				
6245 SW 100TH TERRACE					82 Street Address (P.O. Box Number is Not Acceptable) 83					
84 0						FL 85 Zip Code				
11. Pursuant	to the provisions of Section	ns 607.0502 and 607	.1508, Florida Statutes	s, the abo	ve-named corp	poration submits this	s statement for	the purpose	of changing its r	registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE	Signature, typed or printed name of	registered agent and title if a	oplicable. (NOTE: F	Registered Ag	jent signature requir	ed when reinstating)		DATE		
12.	OFF	ICERS AND DIRECT		13.		ADDITIONS/	CHANGES TO	OFFICERS.	AND DIRECTOR	
TITLE	T		☐ DELETE	1,1 TITLE	,				☐ Change	☐ Addition
NAME	DICKINSON, AMANDA			1.2 NAM						
STREET ADDRESS	8215 S W 62ND COU	IKI			ET ADDRESS] :
CITY-ST-ZIP	MIAMI FL 33143	un r v	☐ DELETE	1,4 CFTY- 2,1 TITLE					Change	Addition
TITLE	PSD POPERT	`A LI	C) VELETE	2.1 IIILE					onange	
NAME.	DICKINSON, ROBERT 6245 S.W 100TH TER				EET ADDRESS					
STREET ADDRESS	MIAMI FL 33156	INACE		-	-ST-ZIP				₹ ==	
CITY-ST-ZIP TITLE	WINDSWILL SO TOO	·····	☐ DELETE	3.1 TITLE			•		☐ Change	Addition
NAME	· •	•		3.2 NAM	E					ļ
STREET ADDRESS				3.3 STRE	EET ADORESS					j
CITY-ST-ZIP				3.4. CITY	'-ST-ZIP					
TITLE			☐ DELETE	4.1 TITLE		 	•		Change	☐ Addition
NAME				4. 2 NAM	Œ					
STREET ADDRESS				4.3 STRE	EET ADDRESS		,			į
CITY-ST-ZIP	,			4.4 CITY	-ST-ZIP			-		
TITLE	4		☐ DELETE	5.1 TITLE	I		•		Change	☐ Addition
NAME		,		5.2 NAM				*		
STREET ADDRESS				1	EET ADDRESS	•				
CITY-ST-ZIP		<u> </u>	∏ DELETE	5.4 CITY 6.1 TITLE					☐ Change	Addition
TITLE		•	☐ DELETE ;	6.2 NAM						La risdition
NAME					EET ADDRESS	•				
CTDEET ANDDESS				0.00170	,					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 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP '