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

DOCUMENT # 507200

1. Corporation Name

ADDEV DDINITING INC

rincipal Place of Business	Mailing Address
5833 PONCE DE LEON S MIAMI FL 33146	5833 PONCE DE LEON S MIAMI FL 33146
Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	107
City & State	City & State

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90055 039 ***150.00



Applied For

Fee Required

\$5.00 May Be

Not Applicable \$8.75 Additional

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

07/15/1976 4. FEI Number

59-1675944

Zip	23		28					Tru	st Fund Co	ontribut	ion			Add	led to	Fees	
9. Name and Address of Current Registered Agent SORGIE, JOHN T \$833 PONCE DE LEON BLVD \$ MIAMI, FL 33146 3146 315 Sireal Address (P.O. Box Number is Not Acceptable) 82 Sireal Address (P.O. Box Number is Not Acceptable) 83 Sireal Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florids Statutes, the above-nermed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607 0505, Florids Statutes. SIGNATURE STORATURE STORATURE SORGIE, PATRICIA T 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY ST.2P MIAMI, FL 00000 DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY ST.2P MIAMI, FL 00000 DELETE 15. STREET ADDRESS MIAMI, FL 00000 DELETE 17. LE 0000		Country	Zip	c	ountry			8. This	corporati	on owe	s the cu	rrent yea	r Intar	ngible	_	.1	
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Signature, speed or primed raine of registered agent and till it applications. (IOTE: Registered Appert agentature required when reastating) DATE	office or re	egistered agent, or both, in the State o	f Florida. Such cha	nge was authoriz	zed by	the corp	oration's	board	of director	s. I her	eby acc	ept the a	opoint	ment a	is regi	stered	
12	SIGNATURE			AIOTE: Posista	and Anno	evonaturo r	moulted wh	on rainets	tion)			DATE	-	_ _			
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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	14 Lhoroby	Eartify that the information supplied with	this filing does no	t qualify for the e	xemoti	on state	d in Sec	tion 11	9.07(3)(i).	Florida	Statute	s. I furthe	certi	fy that	the in	ormation	

Feb 23 1999 305-666-8066

Daysing Phone #