AME		PROFIT PORATION JAL REPORT <b>1999</b>		MAY 1ST IS FLORIDA DEPART Katherin Secretary DIVISION OF CO	TMENT OF ST		FILED Apr 22, 1999 8:00 Secretary of Sta 04-22-1999 90215 026 ***150.0	te
Maring Address Maring Address Maring Address Maring Address Maring Address Do Not WRITE IN THIS SPACE  C DO NOT WRITE IN THIS SPACE C DO NOT WRITE IN THIS SPACE C DO NOT WRITE IN THIS SPACE C DO NOT WRITE IN THIS SP	Corporation	n Name	7744			-		
ALEAH FL 3003       HIALEAH FL 3003       DO NOT WRITE IN THIS SPACE         Principal Place of Business       22, Maining Address       4. FEI Number       Acplied For- 190/271/1977         State, Ap.L #, etc.       5. Jule, Ap.L #, etc.       5. Cartificate of Status Desired       Fe. Required         City & State       22, Maining Address       4. FEI Number       Acplied For- 190/271/1977       Acplied For- 190/271/1977         City & State       20, Country       State, Ap.L #, etc.       5. Cartificate of Status Desired       Fee Required         City & State       20       Country       24       Country       4. Filt Number       State Address of Number Is Not Acceptable         City & State       21       20       Country       4. Filt Address of Number Is Not Acceptable       State Address of Number Is Not Acceptable         City City The State       10       Name and Address of Status Adgress       10       Name and Address of Number Is Not Acceptable         1010 EL ATH STREET       11       12       Interpretation water Address of Number Is Not Acceptable       12         1100 EL ATH STREET       13       Address (P.O. Box Number Is Not Acceptable)       12       12         12       OFFICERS AND DIRECTORS       13       Address (P.O. Box Number Is Not Acceptable)       12         1101 EL ATH STREET	•			•	i			
Principal Place of Business         2z. Mailing Address         4. FEI Number         Applied For           Solle, ApL #, etc.         59-1774322         \$57.75 Autional           City A State         21         Solle, ApL #, etc.         5. Contracts of Status Desired         \$58.10 Marg place           City A State         21         Country         2         \$5.00 May be         Status Desired         \$5.00 May be           Zip         Country         2         29         Country         6. Election Campaign Fnanction         \$5.00 May be           9. Name and Address of Current Registered Agent         10         Name and Address of New Registered Agent         19. Name and Address of New Registered Agent           LEON, ARMANDO         1010 E. 47TH STREET         11         Name         19. Name and Address of Current Registered Agent         19. Name and Address of Current Registered Agent         18.1         Name         19. Name and Address of Current Registered Agent         19. Name and Address of Current Registered Agent         19. Name and Address of New Registered Agent         19. Name and Address of Current Registered Agent         19. Name and Address of New Registered Agent         19. Name           ILEON, ARMANDO         1010 E. 47TH STREET         19. Name							3. Date Incorporated or Qualifed	
27       Cly & State       Fee Requirind         Cly & State       20       Cly & State       Election Campaign Financing       \$5.00 May Be         Zp       Country       Zp       Country       20       Country       8. The compression events the current year Interoptie         Js       So       Personal Property Tax       Name       Name       Name         LEON, ARMANDO       1010 E. 4TH STREET       12       Street Address (P.O. Box Number is Not Acceptable)         HIALEAH, FL, 33013       31       42       Street Address (P.O. Box Number is Not Acceptable)         4.       City A State       52       Zip Code         1.       Pursuant to the provisions of Sections 607 0502 and 607.1508. Florids Statulas, betweet address of Outprotes of changing is registared agent. To both, in the State of 57.1508. Florids Statulas and other composition submits the statement for the purpose of changing is registared agent. To both, in the State of 57.0502 and 607.1508. Florids Statulas and other composition submits the statement for the purpose of changing is registared agent. To both, in the State of State Address Statulas and other composition of Code or statement for the purpose of changing is registared agent. To both, in the State of State Address Statulas address of Code or statement for the purpose of changing is registared agent. To both, in the State of State Address Statulas address of Code or statement for the purpose of changing is registared agent. To both, in the State of State Address Statulas address of Code or state Address of Code or statement for the purpos	Principal Pl	ace of Business		Aailing Address			4. FEI Number App	
Zip       Country       Zip       Country       Zip       Country       Bit Trues Fund Contribution			27				5. Certilicate of Status Desired Fee Re-	quired
9. Name and Address of Current Registered Agent       10. Name and Address of Now Registered Agent         LEON, ARMANDO 1010 E. 47TH STREET HIALEAH FL 33013       91       Name         42       Street Address (P.O. Box Number is Not Acceptable)       53         53       54       City       FL       85       Zip Code         1. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chaming its registered agent. I am familiar with, and accept the obligations of Section 05005, Florida Statutes.       85       Zip Code         1. Pursuant to the provisions of Section 05005, Florida Statutes, the above-named corporation's board of directors. I hereby accept the obligations of Section 05005, Florida Statutes.       81       Name         IGNATURE       BST       Imme       DATE         2.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICER AND DIRECTORS IN 12         2.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICER AND DIRECTORS IN 12         1.1m.E       Imme       Imme       Imme       Imme         1.2NWE       Imme       Imme       Imme       Imme         1.2NWE       Imme       Imme       Imme       Imme       Imme         2.4 OFFICERS AND DIRECTORS       13. STRET ADDRESS       Imme		Country		ip			8. This corporation owes the current year Intangible	o Fees
1010 E. 47TH STREET       Image: Street Address (P.O. Box Number is Not Acceptable)         1010 E. 47TH STREET       Image: Street Address (P.O. Box Number is Not Acceptable)         1010 E. 47TH STREET       Image: Street Address (P.O. Box Number is Not Acceptable)         1010 E. 47TH STREET       Image: Street Address (P.O. Box Number is Not Acceptable)         1010 E. 47TH STREET       Image: Street Address (P.O. Box Number is Not Acceptable)         1010 E. 47TH STREET       Image: Street Address (P.O. Box Number is Not Acceptable)         1010 E. 47TH STREET       Image: Street Address (P.O. Box Number is Not Acceptable)         1010 E. 47TH STREET       Image: Street Address (P.O. Box Number is Not Acceptable)         1011 E. 41 M COST       Image: Street Address (P.O. Box Number is Not Acceptable)         1011 E. 41 M COST       Image: Street Address (P.O. Box Number is Not Acceptable)         102       OFFICERS AND DIRECTORS 11         111 ME       Image: Street Address         112 MAC       Image: Street Address         121 M COST	LEOI	9. Name and Addres			81 N			
Pursuant to the provisions of Sections 607 0502 and 607.1508. Florids Statutes, the above-named 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.  GNATURE  Signature, typed or printed name of ingistend agent and tits / applicable  OFFICERS AND DIRECTORS  I 00TE: Name and the information agent and tits / applicable  OFFICERS AND DIRECTORS  I 13  OFFICERS AND DIRECTORS  I 14  OFFICERS AND DIRECTORS  I 15  OFFICERS AND DIRECTORS  I 15  OFFICERS AND DIRECTORS  I 21WWE  C 0FFICERS  C 0FFICER  C 0FFICERS  C 0FFICERS  C 0FFICERS  C 0FFICERS  C 0FFICERS  C	1010	E. 47TH STREET				Street Addre	ss (P.O. Box Number is Not Acceptable)	
LE       P\$T       DELETE       11 TTLE       Change       Adduon         ME       LEON, ARMANDO       12 WAVE       13 STREET ADDRESS       13 STREET ADDRESS         Y-37.2P       HIALEAH FL       14 CITV-ST-2P       Change       Adduon         ME       DELETE       21 TTTLE       Change       Adduon         V-37.2P       HIALEAH FL       DELETE       21 TTTLE       Change       Adduon         WE       DELETE       21 TTTLE       Change       Adduon         V-37.2P       24 CITV-ST-2P	office or re agent. I ar GNATURE	egistered agent, or both, i m familiar with, and accer	in the State of Florida.	. Such change was au	thorized by the	amed corpo	ration submits this statement for the purpose of changing its	registered gistered
LE       I deleter       I zwwe         Vec       LEON, ARMANDO       12 xwe         vec       1421 W 62ST       13 street ADDRESS         Y.ST. ZP       I4 cttY-ST-ZP         Vec       2 zwwe         vec       2 zwwe         vec       2 zwwe         vec       2 street ADDRESS         vec       3 street ADDRESS         vec       3 street ADDRESS         vec       3 street ADDRESS         vec       3 street ADDRESS         vec       2 wwe         vec       2 street ADDRESS         vec       3 street ADDRESS         vec       2 street ADDRE		signardie, typed of primed name o	of registered agent and title if a	pplicable (NOTE: F		nature required	when reinstating) DATE	
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LE       DELETE       3.1 TITLE       Change       Addition         WE       32 NAME       33 STREET ADDRESS       33 STREET ADDRESS         Y-ST-ZIP       34. CITY-ST-ZIP       Change       Addition         WE       0 DELETE       4.1 TITLE       Change       Addition         WE       4.2 NAME	LE ME REET ADDRESS	OF PST LEON, ARMANDO 1421 W 62ST		TORS	Registered Agent sig <b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET AD	DRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
HEET ADDRESS       33 STREET ADDRESS         Y-ST-2IP       34. CITY-ST-ZIP         E       DELETE         #E       4. CITY-ST-ZIP         #E       4. STREET ADDRESS         Y-ST-ZIP       4. CITY-ST-ZIP         #E       4. STREET ADDRESS         Y-ST-ZIP       4. CITY-ST-ZIP         E       DELETE         STREET ADDRESS       4. CITY-ST-ZIP         E       DELETE         STREET ADDRESS       4. CITY-ST-ZIP         KE       StrEET ADDRESS         Y-ST-ZIP       4. CITY-ST-ZIP         KE       StrEET ADDRESS         Y-ST-ZIP       5.1 TITLE         KE       S.3 STREET ADDRESS         Y-ST-ZIP       S.4 CITY-ST-ZIP         KE       S.3 STREET ADDRESS         Y-ST-ZIP       S.4 CITY-ST-ZIP         KE       S.3 STREET ADDRESS         Y-ST-ZIP       S.4 CITY-ST-ZIP         KE       G.3 STREET ADDRESS         KE       G.3 STREET ADDRESS         Y-ST-ZIP       G.3 STREET ADDRESS         Y-ST-ZIP       G.3 STREET ADDRESS         KE       G.3 STREET ADDRESS         Y-ST-ZIP       G.3 STREET ADDRESS         Y-ST-ZIP <t< td=""><td>le Me Reet Address Y-St-Zip Le Me</td><td>OF PST LEON, ARMANDO 1421 W 62ST</td><td></td><td></td><td>Tegistared Agent sig       13.       1.1 TITLE       1.2 NAME       1.3 STREET AD       1.4 CITY-ST-ZI       2.1 TITLE       2.2 NAME</td><td>DRESS</td><td>ADDITIONS/CHANGES TO OFFICERS AND DIRECTO</td><td>RS IN 12</td></t<>	le Me Reet Address Y-St-Zip Le Me	OF PST LEON, ARMANDO 1421 W 62ST			Tegistared Agent sig       13.       1.1 TITLE       1.2 NAME       1.3 STREET AD       1.4 CITY-ST-ZI       2.1 TITLE       2.2 NAME	DRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
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E       DELETE       5.1 TITLE       Change       Addition         ME       52 NAME       53 STREET ADDRESS       53 STREET ADDRESS         Y-ST-ZIP       54 CITY-ST-ZIP       Change       Addition         RE       DELETE       6.1 TITLE       Change       Addition         ME       62 NAME       63 STREET ADDRESS       Addition         KE       63 STREET ADDRESS       64 CITY-ST-ZIP       Addition         LEET ADDRESS       64 CITY-ST-ZIP       64 CITY-ST-ZIP       Lereby 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	E HE LEET ADDRESS Y-ST-ZIP LE HEET ADDRESS Y-ST-ZIP E HEET ADDRESS Y-ST-ZIP	OF PST LEON, ARMANDO 1421 W 62ST		TORS	Time           13.           1.1 TITLE           1.2 NAME           1.3 STREET AD           1.4 CITY-ST-ZZ           2.1 TITLE           2.2 NAME           2.3 STREET AD           2.4 CITY-ST-ZZ           3.1 TITLE           3.2 NAME           3.3 STREET AD           3.4. CITY-ST-ZZ           3.4. CITY-ST-ZZ	DRESS P DRESS JP DRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
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64 CITX-ST-ZIP 64 CITX-ST-ZIP 1 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	E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E E ET ADDRESS (-ST-ZIP E E	OF PST LEON, ARMANDO 1421 W 62ST		TORS	Registered Agent signed         13.         1.1 TITLE         1.2 NAME         1.3 STREET AD         1.4 CITY-ST-ZI         2.1 TITLE         2.3 STREET AD         2.4 CITY-ST-ZI         3.1 TITLE         3.2 NAME         3.3 STREET AD         3.4 CITY-ST-ZI         4.1 TITLE         4.2 NAME         4.3 STREET AD         3.4. CITY-ST-ZI         4.1 TITLE         4.3 STREET AD         4.4 CITY-ST-ZI         5.1 TITLE         5.2 NAME	DRESS P DRESS IP DRESS P DRESS P	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
indicated on this annual report or supplemental annual report is true and accurate and that hy signature shall be 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 reported by Chapter 607, Florida Statutes; and that my name appears in	E ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	OF PST LEON, ARMANDO 1421 W 62ST			Registered Agent sig         13.         1.1 TITLE         1.2 NAME         1.3 STREET AD         1.4 CITY-ST-ZI         2.1 TITLE         2.2 NAME         2.3 STREET AD         2.4 CITY-ST-ZI         3.1 TITLE         3.2 NAME         3.3 STREET AD         3.4. CITY-ST-ZI         4.1 TITLE         4.2 NAME         4.3 STREET AD         4.4 CITY-ST-ZI         5.1 TITLE         5.2 NAME         5.3 STREET AD         5.4 CITY-ST-ZI         6.1 TITLE         6.2 NAME	DRESS P DRESS IP DRESS P DRESS P DRESS P DRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12