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

Mailing Address 782 N.W. 42 AVE

MIAMI FL 33126

2a. Mailing Address

Suite, Apt. #, etc.

STE 430

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 553548

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

782 N.W. 42 AVE STE 430

MIAMI FL 33126

21

MEMBIELA & ASSOCIATES INC.

City & State 28	22		27								, ee //	aquired	
Zip	City & State	e i s		City & State					11			<b>\$5.00</b> May Be Added to Fees	
25   29   30   Personal Property Tax.   27   Yes   No   9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent						try		8. This core	oration owes the cu	rrent vear Inta	ngible		
S. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent	— ·							1		•		□No	
MEMBIELA, JOAQUIN 782 N.W. 42 AVE STE 430 MIAMI FL 33126  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 register of 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, 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, 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, or both, in the State of Florida, Statutes.  SIGNATURE Signature, typed or printed name of registered agent and table if applicable.  NAME PTD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 13. TITLE MEMBIELA, JOAQUIN R 12. NAME NEMBIELA, JOAQUIN R 13. TITLE  MEMBIELA, JOAQUIN R 13. STREET ADDRESS R2. N.W. 42ND AVE., #430 13. STREET ADDRESS R3. N.W. 42ND AVE., #430 13. STREET ADDRESS R4. N.W. 42ND AVE., #430 13. STREET ADDRESS R5. N.W. 42ND AVE., #430 13. STREET ADDRE	24]				1			10. Name a	nd Address of New	Registered A	gent		
TREE N.W. 42 AVE STE 430 MIAMI FL 33126  81  82  Street Address (P.O. Box Number is Not Acceptable)  83  MIAMI FL 33126  84  City  FL  85  Zip Code  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 register of agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  PTD  MEMBIELA, JOAQUIN R  STREET ADDRESS  TREET ADDRESS  MIAMI FL  ITTLE  S DELETE  1.1 TITLE  S MIAMI FL  IACTIV.ST-ZIP  TITLE  S MIAMI FL  IACTIV.ST-ZIP  MIAMI FL  Change  AC  CITY.ST-ZIP  MIAMI FL  DELETE  3.1 TITLE  2.2 NAME  3.2 STREET ADDRESS  CITY.ST-ZIP  MIAMI FL  DELETE  3.1 TITLE  3.2 STREET ADDRESS  CITY.ST-ZIP  MIAMI FL  DELETE  3.1 TITLE  Change  AC  CHANGE	<del></del>				8	31	Name						
STE 430 MIAMI FL 33126  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 register 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, 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, 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, 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    12.	MEM	ibiela,joaquin			_	_	<u> </u>	(D.O. D. )	lund of New Access	-4-61-3			
MIAMI FL 33126  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 register of signature with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Time   PTD   DELETE   1.1 Time   DELETE   1.1 Time   DELETE   1.2 NAME   NIMMI FL   DELETE   2.1 Time   DELETE   3.1 Time   DELETE   DELETE   3.1 Time   DELETE   DELETE   3.1 Time   DELETE   DELETE   3.1 Time   DELETE	782 N.W. 42 AVE STE 430						Street A	dress (P.O. Box r	Number is Not Acce	ptable)			
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 register of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, or both, in the State of Florida. Statutes, florida Statu													
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 register of agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.  SIGNATURE  S													
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 register of 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the appointment as registered agent agent, and familiar with, and accept the appointment as registered agent agent, and familiar with, and accept the appointment as registered agent, and familiar with, and accept the appointment as registered agent agent, and familiar with, and accept the appointment as registered agent agent, and familiar with, and accept the appointment as registered agent agent, and familiar with, and accept the appointment as registered agent a					ε	B4	City			EI	85 Zip	Code	
office or registered agent, or both, in the State of Florida. Such change was authorized by the Corporation's Doard of Intertor's. Thereby 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 applicable.			00 1 0	207 4500 Florido Statutos			nomod c	rooration cubmite	this statement for the		hanging its	s registered	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITTLE PTD DELETE 1.1 ITTLE MEMBIELA, JOAQUIN R 12 NAME  STREET ADDRESS 782 N.W. 42ND AVE., #430	office or r	registered agent, or both, in the State	of Flori	da. Such change was au	tnonzea t	DVι	he corpo	tion's board of dir	ectors. I hereby acc	cept the appoin	tment as re	egistered	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE PTD DELETE 1.1 TITLE  NAME  NEMBIELA, JOAQUIN R  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  MEMBIELA, MARTA M.  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  AL CITY-ST-ZIP  TITLE  NAME	SIGNATURE			WOTE F			ainmatura ra	ind when mineration		DATE		<del>-</del>	
DELETE					-	Antig	adiamia ia		S/CHANGES TO C		DIRECTO	ORS IN 12	
NAME						E	I	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Addition	
STREET ADDRESS											*		
A CITY-ST-ZIP		• · · · · · · · · · · · · · · · · · · ·					ADDRESS						
TITLE	1						Ī						
NAME     MEMBIELA, MARTA M.				C) DELETE	_		-ZIP				Change	Addition	
STREET ADDRESS	TITLE	<del>-</del>									⊢ 2.1.α.194		
CITY-ST-ZIP         MIAMI FL         2.4 CITY-ST-ZIP           TITLE         3.1 TITLE         Change         Ac           NAME         32 NAME         STREET ADDRESS         CITY-ST-ZIP         3.3 STREET ADDRESS         CITY-ST-ZIP         TITLE         DELETE         4.1 TITLE         Change         Ac           NAME         4.2 NAME         4.2 NAME         Ac         Ac         Ac         Ac	NAME				1								
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3.3 STREET ADDRESS	TITLE			. [] DELETE	II *			•		•	∐ Change	LJ Addison	
3.4. CITY-ST-ZIP	NAME				3.2 NAM	Œ							
DELETE	STREET ADDRESS	1			3.3 STRI	EET.	ADDRESS						
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10002	TITLE			☐ DELETE	4.1 TITU	E	1				_] Change	Addition	
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	STREET ADDRESS				4.3 STR	EET	ADDRESS						
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NAME 6.2 NAME					6.2 NAM	Æ	ľ						
6.2 CTDEET ADDRESS		}			6.3 STR	EET.	ADDRESS						
STREET ADDRESS		Tr. 10 207 200											
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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	CITY-ST-ZIP	and it, that the information assembled to	eith this f	Fling does not qualify for				Section 119 07/	3)(i). Florida Statute	s. I further cert	ify that the	information	

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.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90218 010 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

09/20/1977 4. FEI Number

59-1767830

CR2E034 (11/98)

Applied For

\$8.75 Additional

Not Applicable