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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

•	999 DIVISION OF CORPORATIONS			03-01-1999 90111 025 ***150.00		
	MENT # 56356	64			E PROPER CHINE CHINE CHINE CHINE CHINE CHINE CHINE CHINE CHINE CHICH CHICH CHICH CHICH CHICH CHINE CHINE CHINE	11
Principal Place	of Business	Mailing Address				
10205 COLLINS PENTHOUSE 9	AVENUE	812 COLUMBUS BLVD. CORAL GABLES FL 33134				
BAL HARBOUR US	FL 33154	US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/29/1978	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21 9601	Collins Ave.	26			59-1976665 Not Applica	
Suite, Apt. #, etc. Suite, Apt. #, etc. Penthouse 401 27				5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
23 Bal Zip	Harbour F1. Country		Country		Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible	\dashv
24 33154		29 30	<u> </u>		Personal Property Tax. Yes No	
	9. Name and Address of Ci	rrent Registered Agent			10. Name and Address of New Registered Agent	
MOS	TEIDO MANIJEI		81	Name		
MOSTEIRO, MANUEL 10205 COLLINS AVE					t Address (P.O. Box Number is Not Acceptable)	
	THOUSE 9		83		601 Collins Avenue	
	HARBOUR FL 33154		03	Per	enthouse 401	
			84		11 Harbour FL 33154-2	221
11. Pursuant	to the provisions of Sections 607	7,0502 and 607,1508, Florida Statutes,	the abov		the state of the state of the surpose of changing its registers	
office or re	egistered agent, or both, in the S	state of Florida. Such change was auth bligations of Section 607.0505. Florid	orized by a Statutes	the corpo	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Wildinia Wall, and decept the e	ongation of occurrence of the control of the contro				ļ
	Signature, typed or printed name of registers	<u> </u>		nt signature r	e required when reinstating) DATE DATE DATE DATE DATE DESCRIPTION OF THE PROPERTY OF THE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE	Y TODDEIDO MADA C					
NAME	TOTAL TO, THE STOLE.		1.2 NAME	T ADDRESS		
STREET ADDRESS			1.4 CITY-S			
CITY-ST-ZIP	STD			1-21-	☐ Change ☐ Add	lition
NAME	T.F		2.2 NAME			1
STREET ADDRESS	TOTAL COLUMN AND DESIGNATION OF O		2.3 STREET ADDRESS 96		9601 Collins Ave.Penthouse 401	-
CITY-ST-ZIP	DAL HADDOHD EL		2.4 CITY-	ST-ZIP	Bal Harbour Fl. 33154-2215	
TITLE	V DELETE 3.1		3.1 TITLE		☐ Change ☐ Add	lition [
NAME	OCCATION TO		3.2 NAME			·
STREET ADDRESS	223 SAN SEBASTIAN AVE		3.3 STREE	T ADDRESS	S	
CITY-ST-ZIP			3.4. CITY-1	ST-ZIP	Change Add	Jisian
TITLE	PD	☐ DELETE	4.1 TITLE	'	Creange C Add	IUOIT
NAME	MOSTEIRO, MANUEL	MUNICE O	4. 2 NAME		9601 Collins Ave. Penthouse 401	
STREET ADDRESS	10205 COLLINS AVE PENT CORAL GABLES FL	LIOOSE A	4.3 STREE	T ADDRESS	Bal Harbour, F1. 33154-2215	
CITY-ST-ZIP TITLE			4.4 CITY-S	91-ZIP	Bal Harbour, Fi. 33134-2213	dition
NAME		_ ·	5.2 NAME		_,	
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	iT-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Add	ition
NAME			6.2 NAME			

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 of 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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/99

(305)445-7229