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

PROFIT CORPORATION ANNUAL REPORT



Secretary of State

FILED Jan 29, 1999 8:00am FLORIDA DEPARTMENT OF STATE **Katherine Harris Secretary of State**

	1999	DIV	ISION OF CO	RPORATI	IONS	•	,		
DOCU 1. Corporation LINDEL,	IMENT # 6160	86				01-29-1999 90052	022 ***150	.00	·
Principal Plac	ce of Business	Mailing Addre	SS						
9220 S.W. 64TH STREET PO BOX 557032 MIAMI FL 33173 MIAMI FL 33255-7032 US						DO NOT W	RITE IN TH	S SDACE	
	. •					3. Date Incorporated or Qualif 04/02/1979		0 017102	
2. Principal f	Place of Business	2a. Mailing Ad	Idress			4. FEI Number		I An	plied For
21		26				59-1899378		<u> </u>	t Applicable
Suite, Apt	. #, etc.	Suite, Apt	#, etc.			5. Certificate of Status Desired		\$8.75	dditional
22	·	27		_		5. Certificate of Status Desired		Fee Re	quired
City & Sta	ete .	City & Sta	te			6. Election Campaign Financial Trust Fund Contribution	ng 🗆	\$5.00 Added t	
Zip	Country	Zip		Country	<u> </u>	8. This corporation owes the o	current year l		
24	25	29	30	L		Personal Property Tax.			Мио
	9. Name and Address of C	Jurrent Registered Ager	<u> </u>	81	Name	10. Name and Address of Ne	w Registered	a Agent	
	ENTES,LEOPOLDO L. ESO 7-SW 8TH ST,SUITE 109			82		ress (P.O. Box Number is Not Acce	eptable)	· · · · · · · · · · · · · · · · · · ·	
	MI FL 33134	•		83		5 (2.2. 1.32) 1. Single and 3.40 Single 1.32 31 (2.2. 1.41) 1. (4.2. 1.41)	er miljonije je programa. Od 1988 iz isto iz Prije	512 - 1944 - 254 4	र प्रमान के जाता जिस्सी के देश के जाता
				63					
				84	City		F	85 Zip C	ode *
Onice or	registered agent, or both, in the am familiar with, and accept the	obligations of, Section 60	ange was autho 7.0505, Florida	Statutes.	tne corporati	poration submits this statement for on's board of directors. I hereby ac	ne purpose of cept the appointment	of changing its pintment as rec	registered gistered
12.	·	RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO	OFFICERS A		
TITLE	PD	L	DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	GOMEZ, NICOLAS 9220 S.W. 64TH STREET			1.2 NAME					
STREET ADDRESS	MIAMI FL 33173			1.3 STREET					
CITY-ST-ZIP	V V		DELETE	1.4 CITY-ST 2.1 TITLE	1-ZIP		`	☐ Change	Addition
NAME · · · · · · · · · · · · ·	GOMEZ, LINDA			2.2 NAME	Ì				_ {
STREET ADDRESS				2.3 STREET	ADDRESS				\$
CITY-ST-ZIP	MIAMI FL 33173	<u> </u>		2. 4 CITY-ST	T-ZIP				
TITLE Stage	Bushisher Corre		DELETE	3.1 TITLE	Ţ.			Change	Addition
NAME			1	3.2 NAME					.]
STREET ADDRESS				3.3 STREET	ADDRESS		7 . 1 7	6 C. 1505. 8 S. C.	48 Andrews
CITY-ST-ZIP			•						25 (184 184) L
NAME				3.4. CITY-\$1	T-ZIP			Change	Addition
				3.4. CITY-ST 4.1 TITLE 4. 2 NAME	T-ZIP			Change	Addition
STREET ADDRESS	issure ().			4.1 TITLE		**************************************		Change	Addition
		ing to the second	DELETE	4.1 TITLE 4.2 NAME	ADDRESS			Change :	Addition
STREET ADDRESS CITY-ST-ZIP TITLE		ing to the second	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE	ADDRESS			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		ing to the second	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET. 4.4 CITY-ST. 5.1 TITLE 5.2 NAME	ADDRESS				
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		\$ my 1 mg 1	DELETE DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	ADDRESS -ZIP ADDRESS -ZIP		A STATE OF THE STA	☐ Change	Addition

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 13 if changed, or on an attachment with an address, with all other like empowered.