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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State SION OF CORPORATIONS

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

	1999	DIVISION OF	CORPORATIONS	01-29-1999 90059 049 ***150.00	
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Principal Plac	e of Business	Mailing Address		- I IAOUTO OLILO LIDIS DATLO FALSI ODSPI IPIT OSATI DIBL	II MINTE BENEEL DINTE ENDE
950 N. KROME AVE. 950 N. KROME AVE.			•		•
SUITE 204		SUITE 204		DO NOT WRITE IN THE COAC	\ <del>-</del>
HOMESTEAD FL 33030 US		HOMESTEAD FL 33030 US		DO NOT WRITE IN THIS SPAC  3. Date Incorporated or Qualified	<u></u>
				05/29/1979	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21	<u> </u>	26	· 	_ 59-1919534	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	.75 Additional
22		27		_	ee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23   Zip	Country	28   .	Country	<del></del>	dded to Fees
24	25	29	30	8. This corporation owes the current year Intangible Personal Property Tax.	
	9. Name and Address of Current		30	10. Name and Address of New Registered Agent	
81 Nam					
2801 PUNCE DE LEUN BLVD, STE 530			82 Street Add	tress (P.O. Boy Number is Not Acceptable)	<del></del>
			Oncer Ada	82 Street Address (P.O. Box Number is Not Acceptable)	
COH	IAL GABLES FL 33134		83		
			84 City	[85]	Zip Code
				FI ""	2,6 -545
N	<del></del>				
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607,1508, Florida Statu f Florida: Such change was	tes, the above-named corporati	poration submits this statement for the purpose of changilion's board of directors, I hereby accept the appointment	ing its registered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligation	f Florida: Such change was a	authorized by the corporati	poration submits this statement for the purpose of changi ion's board of directors. I hereby accept the appointment	ing its registered as registered
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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 officer or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attendment with an appears, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

305/245- 6633