Corporation Name CONCH[TA LLACH, INC.  Incipial Place of Business O, BOX 14976 Principial Place of Business D, BOX 14976 CORAL GABLES FL 33114  DO NOT WRITE IN THI 3 SPACE 3. Date Incorporated or Outsilled OB(31)1979 Principial Place of Business 2a. Mailing Address P, O, BOX 14976 CORAL GABLES FL 33114  DO NOT WRITE IN THI 3 SPACE 3. Date Incorporated or Outsilled OB(31)1979 Principial Place of Business 2a. Mailing Address 2b. Mailing Address	CORPORATION ANNUAL REPORT 1999	Katheri Secretary	TMENT OF STATE	FIL Apr 28, 19 Secretary 04-28-1999 9003	99 8:00 an of State
Principal Place of Business O BOX 19278 D BOX 1927 D BOX 1	. Corporation Name	1			
0. BOX HXXE       P. O. BOX HXXE         DRL CARLS PL 33114       CORM CARLS PL 33114         Definition of Business       2a. Mailing Address         Subs. Apl. B, otc.       2a. Mailing Address         Subs. Apl. B, otc.       2a.         City & State       2b.         Country       2b.         Country </th <th>·</th> <th>Mailing Address</th> <th></th> <th></th> <th></th>	·	Mailing Address			
RAL CABLIS FL 33114       CORAL GABLIS FL 33114       DO NOT WRITE IN THILS PACE         Principal Place of Business       Za, Mailing Address       4. FEI Nurber       Applied For         Softe, Apl. R, etc.         Softe, Apl. R, etc.       Softe, Apl. R, etc.       Softe, Apl. R, etc.       Softe, Apl. R, etc.       Softe, Apl. R, etc.       Softe, Apl. R, etc.         City & Sitilin       Zip       Country       Softe, Apl. R, etc.       Softe, Apl. R, etc.       Softe, Apl. R, etc.       Softe, Apl. R, etc.         Zip       Country       Zip       Country       Softe, Apl. R, etc.       Softe, Apl. R, etc.       Softe, Apl. R, etc.       Softe, Apl. R, etc.         Zip       Country       Zip       Country       Softe, Apl. R, etc.       Softe, Apl. R, etc.       Softe, Apl. R, etc.         Joint CARDENA PH 4       Zip       Country       Reserver Apr. Re	,	-			
Obj3(1)1979         Principal Place of Business       2s. Mailing Address       4       FE Business       A pole of FC         Suite, Apl. #, etc.       Suite, Apl. #, etc.       5       Certificate of Statue Desired       Fase Required         City & Si Me       City & Si Me       City & Si Me       5       Certificate of Statue Desired       Fase Required         Zip       Country       Zip       Country       Site Apl. #, etc.       S. Control Property Tax.       Site Apl. #, etc.         Zip       Country       Zip       Country       Site Apl. #, etc.       S. Control Property Tax.       Site Apl. #, etc.         Zip       Country       Zip       Country       B       This conperation was the current year Intergetee Hangetee         Zip       Country       Zip       Country       B       This conperation was the current year Intergetee Hangetee         Zip       Country       Zip       Site Apl. #, etc.       B       This conperation was the current year Intergetee         Zip       Country       Zip       Country       B       This conperation was the current year Intergetee App. Mole App. Hangetee         Zip       Country       This conperation was the current year Interget App. Hangetee       Country       E         Zip       Country       E	DRAL GABLES FL 33114	CORAL GABLES FL 33114		DO NOT WRITE IN T	HI 3 SPACE
Principal Place of Business     2a.     Mailing Address     4. FEI Number     Append For       Suite, Api, #, etc.     27     Suite, Api, #, etc.     50-1937676     \$8.75 Address       Zip     Chr, & State     Chr, & State     6. Elector Campaign Financing     \$6.75 Address       Zip     Country     28     30     Financing     Address       Zip     Country     29     Country     8. This co portation owes the current year Indemptible       Personul Property Tax.     28     30     Personul Property Tax.     28       2800 CARDENA PH 4     10. Name und Address of New Registered Agent     10. Name und Address of New Registered Agent     21       2800 CARDENA PH 4     22     Street Address (P.O. Box Number is Not Acceptable)     20     Country       281     City     Financial W. and acceptable     Stochen 207 0502. Final Status     21       282     Street Address (P.O. Box Number is Not Acceptable)     20     Code       283     City     Financial W. and acceptable     Stochen 207 0502. Final Status     21       284     City     Final Status     21     Cite       283     Stoche 20 0502. Final Status     22     Street Address (P.O. Box Number is Not Acceptable)       284     City Street Address (P.O. Box Number is Not Acceptable)     210 Cite					
Normalian         20         50-1937676         The repertable           Suite, Apit,	Driver of Business				Apolled For
SUBR. ApI. #, etc.         SuBr. ApI. #, etc.         SuBr. ApI. #, etc.         SUB. ApI. #, etc.					· · · · · · · · · · · · · · · · · · ·
27     27     Part Required       City & State     City & State     6. Electior Campaign Financing     St.00 vay Be       21p     Country     8. This co paration over the current value intraction     St.00 vay Be       21p     Country     8. This co paration over the current value intraction     St.00 vay Be       9. Name and Address of Current Registered Agent     10. Name intra Address of New Registered I Agent     10. Name intra Address of New Registered I Agent       210     9. Name and Address of Current Registered Agent     11     Name       2200 CARDENA PH 4     2200 CARDENA PH 4     221 Street Address of New Registered I Agent       2000 CARDENA PH 4     221 Street Address of New Registered I Agent     121 Name       2000 CARDENA PH 4     222 Street Address of New Registered I Agent     121 Name       2000 CARDENA PH 4     223 Street Address of New Registered I Agent     121 Name       2000 CARDENA PH 4     122 Street Address of New Registered I Agent     121 Name       2000 CARDENA PH 4     123 Name and Address of Concers I New New Registered I Agent     121 Name       2000 CARDENA PH 4     123 Name and Address of O OFFICERS / ND DIRECTORS     131 Name       2000 CARDENA PH 4     121 Name     200 OFFICERS / ND DIRECTORS     13< ADDITIX NSICHANGES TO OFFICERS / ND DIRECTORS IN 12	Suite, Apt. #, etc.				•
Zip     Country     Trust Fund Contribution     Added to Fass       Zip     Country     28     This coporation overs the current year hangebe Personal Property Tax.     Added to Fass       S. Name and Address of Current Registered Agent     10. Name and Address of New Registeret Agent     10. Name and Address of New Registeret Agent       LUACH, CONCHITA     200     CABDENA PH 4     51     Street Address of New Registeret Agent       CCRAL GABLES FL 33134     53     51     Street Address of New Registeret Agent     53       44     City     FL     65     Zip Cr.de       1. Pursuant to the provisions of Se atoms 607 0502 and 607 1508, Florida Statures, the above-named to poration submit : this statement for the purpose of changing its rigitated gaent, or total, sin the State of Florida Statures, the above-named to poration submit : this statement for the purpose of changing its rigitated gaent, or total, sin the State of Florida Statures, the above-named to poration submit : this statement for the purpose of changing its rigitated gaent, or total, sin the State of Florida Statures, the above-named to poration about of the cotex. Interplaced the notation florida gain different agent above named to poration above named to poration above named to poration above the corporation of the state	City & State			Election Campaign Einancipa	
Image: state in the provision of the state of registered Agent         Image: state in the provision of the state of the obligation of the provision of the provision of the state of the obligation of the state of the obligation of t					
121       (20)       10. Name and Address of Current Registered Agent         10. Name and Address of Current Registered Agent       10. Name ind Address of New Registered Agent         LLACH, CONCHITA 2000 CARDENA PH 4 CORAL GABLES FL 33134       11. Name ind Address of New Registered Agent         11. Pursuant to the provisions of Se stors 607.0502 and 807.1508, Florids Statutes, the above-named co poration submit this statement for the purpose of changing its registered agent, or both, in the State of Florids Statutes, the above-named co poration submit this statement for the purpose of changing its registered agent, or both, in the State of Florids Statutes, the above-named co poration submit this statement for the purpose of changing its registered agent, and the statement for the purpose of the florids. Statutes, the above-named co poration submit the statement for the purpose of the application agent with the statement for the purpose of the registered agent, and the statement for the purpose of the florids. Statutes, the above-named co poration submit the statement for the purpose of the registered agent, and the statemant with the statement for the purpose of the statemant with the statement for the purpose of the registered agent. Attract the statemant with the statement for the purpose of the florids. Statutes, the above-name does of the registered agent attract the statemant with the statement for the purpose of the florids. Statutes, the above-name does of the registered agent attract the statemant with the statement for the purpose of the florids. Statutes, the above-name does of the florids. Statutes, the above-name does of the florids. Statutes, the above-name does of the florids. Statutes, the above name does of the florids. Statutes, the above name does of the florids. Statutes, the above-name does of the florids. Statutes, the above name does of the	Zip Country				
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2600 CARDENA PH 4 CCRAL GABLES FL 33134       Image: CCRAL GABLES FL 33134         E4       City       FL       85       Zip Cr.de         1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named co-poration submit it this statement for the purpose of changing its rightered agent, to biol, in the State of Florida, Statutes, the above-named co-poration submit it this statement for the purpose of changing its rightered agent, to biol, in the State of Florida, Statutes, the above-named co-poration submit of the purpose of changing its rightered agent, to biol, in the State of Florida, Statutes, the above-named co-poration subard of directors. I hereby accept the app antment as registered agent, to biol, in the State of Florida, Statutes, the above-named co-poration subard of directors. I hereby accept the app antment as registered agent, to biol, in the State of Florida, Statutes, the above-named co-poration submit it is statement for the purpose of changing its rightered agent, to biol, in the State of Florida, Statutes, the above-named co-poration submit it is statement for the purpose of changing its rightered agent, to biol, in the State of Florida, Statutes, the above-named co-poration submit its registered agent, to biol, in the State of Florida, Statutes, the above registered agent, to biol, in the State of Florida, Statutes, the above registered agent, to biol, in the State of Florida, Statutes, the above registered agent, to biol, in the State of Florida, Statutes, the above registered agent, to biol, in the State of Florida, Statutes, the above registered agent, to biol, in the state of Florida, Statutes, the above registered agent, to biol, in the state of Florida, State of Flo			81 Name		
CCRAL GABLES FL 33134   G G G G G G G G G G G G G G G G G G			82 Street Ad	Iress (P.O. Box Number is Not Acceptable)	
44       City       FL       85       Zip Cr.de         1. Pursuant to the provisions of Sc.tions 607.0502 and 607.1508. Florida Statutes, the above named co poration submit i this statement for the purpose of changing its ingistered agent. an annialize with, and accept the obligations of, Soction 607.0505. Florida Statutes.       1			83		
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indicated on this annual report or supplementat annual report to 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 corrolation for that resource to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	ME LLACH, CONCHITA 2600 CARDENA PH 4 CORAL GABLES FL LE ME REET ADDRE 3S TY-ST-ZIP LE ME REET ADDRE 3S TY-ST-ZIP		1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         6.1 TITLE         6.3 STREET ADDRESS		ND DIRECTORS IN 12     Change Additio
	ME LLACH, CONCHITA 2600 CARDENA PH 4 CORAL GABLES FL LE ME REET ADDRE 3S TY-ST-ZIP LE ME REET ADDRE 3S TY-ST-ZIP LE ME REET ADDRE 3S TY-ST-ZIP LE ME REET ADDRE SS TY-ST-ZIP LE ME REET ADDRE SS TY-ST-ZIP		1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         6.1 TITLE         6.2 NAME         6.3 STREET ADDRESS         6.4 CITY-ST-ZIP	ADDITIC NS/CHANGES TO OFFICERS	IND DIRECTORS IN 12         Change       Addition         Change       Addition