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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 650050



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90041 040 ***150.00

1. Corporation	NAME OSZZSO									
Principal Place of Business Mailing Address							f 19841\$ files Girif maid riter	******	1411 81811 8181	
6175 NW 167TH STREET. UNIT G-30 11846 SW 93RD TERRACE										
MIAMI FL 33015	į.	MIAMI FL 33186					DO NOT WRITE IN THIS SPACE			
		US				-			SPACE	
							 Date Incorporated or Qualife 01/15/1980 	u		
							4. FEI Number			Applied For
2. Principal Place of Business 2a. Mailing Address							59-1970040			Not Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.				+	<u> 38 1810040</u>			Additional
	#, etc.						5. Certifcate of Status Desired			Required
City & State	Δ	27 City & State					6. Election Campaign Financing		\$5.0	May Be
	C	28					Trust Fund Contribution	, _□		to Fees
Zip	Country	Zip	Cour	ntry			8. This corporation owes the cu	rrent vear In	tangible	
24	25	29	30				Personal Property Tax.	, , , , , , , , , , , , , , , , , , , ,	∐Yes	□No
24]	9 Name and Address of Curren						10. Name and Address of New	Registered	Agent	
g. Name and Address of Current registered rigen.					Name					
ROBELO, ARNOLDO M							/D.O. Day Number in Not Appe	stable)		
1184	6 SW 93RD TERRACE		82 S			Adoress	s (P.O. Box Number is Not Acce	Jiable)		
MIAN	AI FL 33186		ŀ	83						
									1 1	
				84	City			FL	85 Zi	Code
office or r	to the provisions of Sections 607.050: egistered agent, or both, in the State or familiar with, and accept the obligations of the state	of Florida. Such change was a tions of, Section 607.0505, Floridate if applicable. (NOT	authorized orida Statu E: Registered	Dy t ites.	ne corpo	oration s	en reinstating)	DATE.		
12.	OFFICERS AND DIRECTORS PD DELETE			13. 1.1 TITLE			ADDITIONS/CHANGES TO C	FFICERS A	Change	
TITLE	_									
NAME	ROBELO, ARNOLDO M			1.2 NAME						{
STREET ADDRESS	11846 SW 93RD TERRACE		•	1.3 STREET ADDRESS						
CITY-ST-ZIP			1.4 CIT	$\overline{}$	_/ ZIP	01-			(Change	e 🔲 Addition
TITLE	ST PORCIO AGNICO		2.1 TIT			5/7	b			
NAME	ROBELO, AGNES									{
STREET ADDRESS	l .			2.3 STREET ADDRESS						Ì
CITY-ST-ZIP			2. 4 CI		r-ZIP				Change	e ☐ Addition
TITLE			3.1 TIT							
NAME				3.2 NAME						
STREET ADDRESS	DRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP				4. CITY-ST-ZIP					Chang	e Addition
TITLE										-
NAME	· · · · · · · · · · · · · · · · · · ·			4. 2 NAME 4.3 STREET ADDRESS						
STREET ADDRESS										
CITY-ST-ZIP				4.4 CITY-ST-ZIP					☐ Chang	e
TITLE	☐ DELETE			5.1 TITLE 5.2 NAME						_
NAME					ADORESS					
STREET ADDRESS			5.4 CIT							
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TIT			 			☐ Chang	e Addition
1		ے محددات	6.2 NA						_	_
NAME STREET ADDRESS			1		ADDRESS					
STREET ADDRESS				6.4 CITY-ST-ZIP						
CITY-ST-ZIP	i /)		51.7			1				

14. 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 appear 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 ap affactment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TTY ED BY PRINTED NAME DE SIGNING OFFICER OR DIRECTOR

ARNOLDO M. ROBELO

4/29/99

(305) 828-4760

Daytime Phone #