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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999

| 1. Corporation                 | MENT # 839466<br>CORPORATION  |  |                       |                                |  | ###################################### |   |                                  |                                  |  |
|--------------------------------|---|--|-----------------------|--------------------------------|--|--|---|----------------------------------|----------------------------------|--|
| Principal Place                | of Business   | Mailing Address  |                       |                                |  |  | NI <b>el inida</b> till <b>ä</b> 10191 Al       | MIN MeilM Milt Milkt             | DIBII ECELI BIBIC E              | (All BIBH (BBC                                   |
| 151 S.E. 15TH                  | •   | 151 S.E. 15TH ROAD   |                       |                                |  | [                                      |   |                                  |                                  |  |
| SUITE 4021                     |   | SUITE 4021   |                       |                                |  |  |   |                                  |                                  |  |
| MIAMI FL 33129                 |   | MIAMI FL 33129   |                       |                                |  | <u> </u>                               |   | WRITE IN THIS                    | SPACE                            | <del>-                                    </del> |
| US                             |   | US   |                       |                                |  | 12/12/                                 |   | inea                             |                                  |  |
| <ol><li>Principal Pl</li></ol> | ace of Business   | 2a. Mailing Address  |                       |                                |  | 4. FEI Nun                             |   |                                  | <del>1 1</del>                   | olied For  |
| 21                             |   | 26   |                       |                                |  | 52-113                                 | <u>36043                                   </u> | _                                |                                  | Applicable                                       |
| Suite, Apt.                    | #, etc.   | Suite, Apt. #, etc.  |                       |                                |  | 5. Certifcat                           | te of Status Desire                             | ed 🗌                             | <b>\$8.75</b> A<br>Fee Re        |  |
| 22                             |   | 27   | <u> </u>              |                                |  |  |   |                                  |                                  |  |
| City & State                   | <del>e</del>  | City & State   |                       |                                |  | I -                                    | Campaign Finance                                | cing                             | \$5.00<br>.Added to              |  |
| 23                             | Country   |  | Coun                  | tn.                            |  | <del></del>                            | and Contribution                                | aurrant vaar le                  |                                  | 71 663   |
| Zip                            |   | — · ·  | 50                    | iti y                          |  | 1 7                                    | poration owes the<br>Il Property Tax.           | current year ir                  |                                  | □No  |
| 24                             | 9. Name and Address of Current  | _ <del></del>  | su                    |                                |  |  | nd Address of N                                 | lew Registered                   |                                  |  |
|                                | 9. Name and Address of Current  | registered Agent   |                       | 81 N                           | ame  | IV. Name a                             |   |                                  |                                  |  |
| LLANO, CARMEN B                |   |  |                       |                                |  |  |   |                                  | _                                |  |
| 151 S.E. 15TH ROAD             |   |  | 1                     | <b>82</b> S                    | treet Addres                                 | ss (P.O. Box i                         | Number is Not Ac                                | ceptable)                        |                                  |  |
| SUITE 402 1                    |   |  | -                     | 83                             |  |  |   |                                  | _                                | _  |
| MIAMI FL 33129                 |   |  | [                     |                                |  |  |   |                                  |                                  |  |
| Military L 00325               |   |  |                       | 84 C                           | ity  |  |   | F                                | 85 Zip C                         | ode  |
| l office or re                 | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligation | r Florida. Such change was autons of, Section 607.0505, Florid | inorized<br>da Statut | by the<br>tes.                 | corporation                                  | s poard of di                          | this statement for rectors. I hereby a          | r the purpose of accept the appo | of changing its pointment as reg | registered<br>gistered                           |
|                                | Signature, typed or printed name of registered agent of OFFICERS AND  |  | 13.                   | agent sig                      | nature required (                            | when reinstating)                      | NS/CHANGES TO                                   |                                  | ND DIRECTO                       | RS IN 12   |
| 12.                            | PD OFFICERS AND   | DIRECTORS DELETE   | 1.1 TIT               | F                              | $\neg$                                       | AUDITIO                                | NO/CHANGEO I                                    | 3 Of Clocks A                    | Change                           | Addition   |
|                                | _   |  | 1.2 NAME              |                                |  |  |   |                                  |                                  | _  |
| NAME                           | CAICEDO TORO, ANGELA  |  | <b>I</b>              | NE<br>REET ADY                 | DEEC   |  |   |                                  |                                  | 4  |
| STREET ADDRESS                 | 151 S.E. 15TH ROAD, #402  |  |                       |                                | 1  |  |   |                                  |                                  |  |
| CITY-ST-ZIP                    | MIAMI FL 33129  | ☐ DELETE   | 2.1 TITL              | Y-ST-ZIF                       | <del></del>                                  |  |   | _                                | Change                           | Addition   |
| TITLE                          |   |  | 2.2 NAME              |                                |  |  |   |                                  |                                  |  |
| NAME                           | MORALES MEJIA, GUSTALVO A   |  | 4                     |                                |  |  | •   |                                  |                                  | {  |
| STREET ADDRESS                 | 151 S.E. 15TH ROAD, #4021 / 井中〇<br>MIAMI/FL-33129 / 本 音 第十一   |  | 1                     | 2.3 STREET ADDRESS             |  |  |   |                                  | <u> </u>                         | ,  |
| CITY-ST-ZIP T                  |   |  | 2:4 CIT               |                                |  |  | <u></u>   | _                                | ☐ Change                         | Addition   |
| TITLE                          | DST CARMEN BEATO  | <del>-</del>   |                       |                                |  |  |   |                                  |                                  | _  |
| NAME                           | LLANO WHITE, CARMEN BEATRIZ<br>151 S.E. 15TH ROAD, #402 Ag  |  |                       | 3.2 NAME<br>3.3 STREET ADDRESS |  |  |   |                                  |                                  | \  |
| STREET ADDRESS                 | MIAMI FL 33129  |  |                       | 3.4. CITY-ST-ZIP               |  |  |   |                                  |                                  |  |
| CITY-ST-ZIP<br>TITLE           | MIAMI FL 33129  | DELETE 4.1   |                       |                                | <u>-                                    </u> |  |   |                                  | Change                           | Addition   |
|                                |   |  | 4. 2 NAM              |                                |  |  |   |                                  |                                  | _  |
| NAME CONSESS                   | ,   | •  |                       | REET ADI                       | nRESS  |  |   |                                  |                                  | 1  |
| STREET ADDRESS                 | •   |  |                       | Y-ST-ZV                        |  |  |   |                                  | •                                |  |
| CITY-ST-ZIP<br>TITLE           |   |  |                       |                                |  |  |   |                                  | Change                           | Addition   |
| [                              |   | [] berrie  | 5.1 T/TL<br>5.2 NAM   |                                |  |  | •   | •                                |                                  | _  |
| NAME                           |   |  | 1                     | ···<br>REET ADI                | DRESS  |  |   |                                  |                                  | 4  |
| STREET ADDRESS                 | ,   |  |                       | Y-ST-ZIF                       |  |  |   |                                  |                                  |  |
| CITY-ST-ZIP<br>TITLE           | <u> </u>  | ☐ DELETE   | 6.1 TITL              |                                | _  |  |   |                                  | ☐ Change                         | Addition   |
| NAME                           | ` .   |  | 6.2 NAM               |                                |  | •                                      |   |                                  | -                                | }  |

CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: La

NAME

STREET ADDRESS