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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90075 040 ***150.00

1. Corporatio	MENT # F21048 EN, INC.						
Principal Place of Business Mailing Address						. BIBIL UIAIS OSBII I	JIBII 118#1 18#1
795 E 8TH AVENUE 795 E 8TH AVENUE					•		
HIALEAH FL 33010 HIALEAH FL 33010					i		
US , US					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed		
					02/25/1981		
<u> </u>	lace of Business 2a. Mailing Address				4. FEI Number	Ap	plied For
21	26				59-2077297		t Applicable
	Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22 City 8 Char						Fee Re	
<u> </u>	City & State City & State				6. Election Campaign Financing	\$5.00	
Zip	Country Zip Co			.,	Trust Fund Contribution	Added t	o Fees
	25	<u> </u>	Countr 30	у	8. This corporation owes the current year In	ntangible XI Yes	□No
24	25 9. Name and Address of Current	29	30		Personal Property Tax. 10. Name and Address of New Registered		□N0
	9. Name and Address of Current	Registered Agent	8	Name	10. Name and Address of New Registered	Agent	
BOL	.umen, abelardo		Ľ	Mairie			
795 E 8TH AVE				2 Street Add	ress (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33010			8:	2			
1111 (1111 11 11 11 11 11 11 11 11 11 11			6.	1	•		
			84	4 City	F1	85 Zip C	Code
44 Dureuant	to the provisions of Sections 607.0603	and 607 1509 Florida Statut	an the obe	(a named som	poration submits this statement for the purpose of		
office or r	egistered agent, or both, in the State of	of Florida. Such change was a	uthorized by	v the corporati	on's board of directors. I hereby accept the appoint	ntment as re	gistered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flor	rida Statute	S.	•		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Age	ant signature require	ed when reinstating) DATE]
12.	OFFICERS AND		13.	on agriculture require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	SD	☐ DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	ABBITIONS/OFFINISES TO STITISENS A	☐ Change	Addition
NAME .	BOLUMEN, ASELA J.		1.2 NAME				_
STREET ADDRESS	851 NE 4TH PLACE			ET ADDRESS			
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-				1
TITLE	TIMENTE	☐ DELETE	2.1 TITLE	31-ZJP		☐ Change	Addition
NAME		<u></u>	2.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP		Change	Addition
1						Change	L. Addition
NAME			3.2 NAME				
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-	ST-ZIP			T Addition
TITLE	-	∭ ∩EFE I E	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			· [
CITY-ST-ZIP		□ DELETE	4.4 CITY-5	ST-ZIP			- Addres
TITLE		L.J DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				1
STREET ADDRESS				T ADDRESS			1
CITY-ST-ZIP		□ perete	5.4 CITY-5	51-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS				TADORESS			
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP i			

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 manged, or on an attachment with an address, with all other like empowered.

AUSTUMBLIRED
NED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: {