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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **F34513**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90041 046 ***150.00

JUAN CC	JHEN KEALIT, INC.											
Principal Place	e of Business	Ma	iling Address							E (ill Blait El	8	il Biğir Biğir rağı
13899 BISCAYNE BLVD SUITE 147 13899 BISCAYNE BLVD SUITE 147												
NORTH MIAMI FL 33181-9597 NORTH MIAMI FL 33181-9597												
									NOT WRITE	IN THIS	SPACE	
								3. Date Incorporated	or Qualified			
			 					05/12/1981			7.	A. Lind For
2. Principal Pl	lace of Business	<u> </u>	Mailing Address					4. FEI Number			├ ─┼	Applied For Not Applicable
21		26	Cuita Ant # ntn					59-2093299		_		Additional
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certifcate of Status	Desired			Required
City & State		27	City & State					6. Election Campaign	Financing			0 May Be
23	.	28	on, a olato					Trust Fund Contrib	-		•	d to Fees
Zip	Country		Zip		Country	 _		8. This corporation of		nt year Inta	angible	
24	25	29	,	30				Personal Property			☐ Yes	□No
	9. Name and Address of Curr		ered Agent					10. Name and Addres	s of New Re	gistered /	Agent	
					81	N	ame					
	EN, MARVIN M				82	Si	reet Addre	ss (P.O. Box Number is	Not Acceptab	le)		
l .	71ST STREET				\							
MIAN	AI BEACH FL 33141				83							
					84	 c	ity				85 Z	p Code
							•			FL		<u> </u>
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	ate of Florida	a. Such change was	author	rized by	the	med corpo corporation	ration submits this states n's board of directors. I h	nent for the p ereby accept	urpose of the appoir	changing ntment as	registered registered
agent. Lai	m familiar with, and accept the obli	igations of,	Section 607.0505, F	ionua	Statutes	3 .						
agent. I a						3.	nature required	when reinstating)		DATE		<u> </u>
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if	applicable (NO			3.	nature required	when reinstating) ADDITIONS/CHANG	GES TO OFFI		D DIREC	TORS IN 12
_	Signature, typed or printed name of registered	agent and title if	applicable (NO	TE: Regis	stered Agei	3.	nature required	when rainstating) ADDITIONS/CHANG	GES TO OFFI		D DIREC	
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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 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: ,

NAME

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR