## 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

## DOCUMENT # F9500001198

1. Corporation Name

## **FILED** Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90095 047 \*\*\*150.00

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NEW YORK NY 10022 NEW YORK NY 10022						DO NOT WITH			
						DO NOT WRIT	E IN THIS	SPACE	
:			*			3. Date Incorporated or Qualifed			ĺ
2 Principal C	Place of Business	2 Mailing Address				03/14/1995		<del></del>	-:
<b>⊢</b> .	riace of business	2a. Mailing Address				4. FEI Number		_ <del>                                    </del>	plied For
Suite, Apt.	# 010	Suite, Apt. #, etc.				13-2728400			t Applicable
22 Suite, Apr.	#, etc.	_ <b>├</b> ^ ' ' '				5. Certifcate of Status Desired		\$8.75 A	
City & Stat	te	City & State							
<u> </u>		— ·				6. Election Campaign Financing		\$5.00	
Zip	Country	Zip	Count	trv		Trust Fund Contribution		Added t	o rees
24	25		30	y		This corporation owes the curre     Personal Property Tax.	-	ngible ∐Yes	□No
24	9. Name and Address of Curre		<del>50</del> 1			10. Name and Address of New R			13140
		Trogistation Agent	8	31 N	ame	10. Hame and Address of New IN	egisteleu A	Acur	
CAN	IDELA, HILARIO		_						
SPILLIS, CANDELA & PARTNERS			8	82 Street Addre		ess (P.O. Box Number is Not Acceptal	ble)		
800 DOUGLAS ENTRANCE			8	33					
	RAL GABLES FL 33134		į.	<b>~</b>					
-			8	14 C	ity		<b>—</b>	85 Zip C	Code
dd Dissessed	1- th 007.05	00 1 007 4500 55 1 0 0 0					<u> </u>		
office or r	egistered agent, or both, in the State	e of Florida. Such change was aut	horized b	ov the	med corpo	oration submits this statement for the parties of directors. I hereby accept	ourpose of cl	hanging its ment as rec	registered distered
anent La	m familiar with, and account the oblice								
agont. Ta	in ramiliar with, and accept the oblig-	ations of, Section 607.0505, Florid	da Statute	BS.		• •			
SIGNATURE	_			BS.					
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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

STREET ADDRESS

CITY-ST-ZIP

355-1111