## 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 # **F96000001148**1. Corporation Name

Principal Place of Business	Mailing Address
1110 BRICKELL AVE 600 MIAMI FL 33131 US	1110 BRICKELL AVE 600 MIAMI FL 33131 US

## **FILED** Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90024 030 \*\*\*150.00

Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		(	#8  6  88  6  88  6    6  6    6	1 91801 1811 1991
1110 BRICKELL	. AVE	1110 BRICKELL AVE					
600		600			DO NOT WRIT	E IN THIS SPACE	
MIAMI FL 3313	1	MIAMI FL 33131 US			3. Date Incorporated or Qualifed	E IN THIS SPACE	
US	4.		•		03/06/1996		
O Bringing O	llans of Business	2a. Mailing Address			4. FEI Number	Ι Δ	pplied For
<del></del> 3	lace of Business				74-2632966	·	ot Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.			74 2002500		Additional
adite, Apt.	π, σιο.	27			5. Certifcate of Status Desired		lequired
City & Stat	te	City & State			6. Election Campaign Financing	_ \$5.00	May Be
23	;	28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre	nt vear Intangible	
24	25	29	30		Personal Property Tax.	☐Yes	□No
1	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Ro	egistered Agent	
			81 Na	ne		<b>.</b>	
	NZ, JAVIER		82 Str	et Addr	ess (P.O. Box Number is Not Acceptat	ole)	
	BRICKELL AVE., #600		02  311	, , radi	The state of the s		
MIAI	MI FL 33131		83			国际 194 战争	
	•		84 Cit		1 44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip	Code
. •,			84 City	′		FL S 2	Code
fil fagent fra	nm familiar with, and accept the oblig	ations of Section 607.0505, Flori	ida Statutes.	orporatio	oration submits this statement for the pon's board of directors. I hereby accept		_
SIGNATURE	im familiar with, and accept the oblig	ations of Section 607.0505, Flor	ida Statutes.		d when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	
fil fagent fra	im familiar with, and accept the oblig	ent and title if applicable. (NOTE:	Registered Agent signa		d when reinstating)	DATE	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered ag  OFFICERS A	ent and title if applicable. (NOTE:  ND DIRECTORS	Registered Agent signar		d when reinstating)	DATE	ORS IN 12
SIGNATURE  12. TITLE	Signature, typed or printed name of registered ag OFFICERS A P SAENZ, JAVIER	ent and title if applicable. (NOTE:  ND DIRECTORS	Registered Agent signa  13.  1.1 TITLE	ture required	d when reinstating)	DATE	ORS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS A  P  SAENZ, JAVIER  12765 NW 8 LANE	ent and title if applicable. (NOTE:  ND DIRECTORS	Registered Agent signs  13.  1.1 TITLE  1.2 NAME	ture required	d when reinstating)	DATE	ORS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A P SAENZ, JAVIER	ent and title if applicable. (NOTE:  ND DIRECTORS	Registered Agent signa  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR	ture required	d when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	ORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered at OFFICERS A  P  SAENZ, JAVIER  12765 NW 8 LANE	ent and title if applicable. (NOTE:  ND DIRECTORS	Registered Agent signa  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDR  1.4 CITY-ST-ZIP	ture required	d when reinstating)	DATE ICERS AND DIRECT	ORS IN 12
TITLE  NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered at OFFICERS A P SAENZ, JAVIER 12765 NW 8 LANE MIAMI FL 33182	ent and title if applicable. (NOTE:  ND DIRECTORS	Registered Agent signs 13. 1.1 TITLE 12 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE	ESS	d when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECT	ORS IN 12
TITLE NAME NAME NAME NAME NAME NAME NAME	Signature, typed or printed name of registered at OFFICERS A P SAENZ, JAVIER 12765 NW 8 LANE MIAMI FL 33182	ent and title if applicable. (NOTE:  ND DIRECTORS	Registered Agent signs  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ESS	d when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECT Change	ORS IN 12 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS A P SAENZ, JAVIER 12765 NW 8 LANE MIAMI FL 33182	ent and title if applicable. (NOTE:  ND DIRECTORS	Registered Agent signs  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDR  1.4 CITY- ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDR	ESS	d when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECT	ORS IN 12 Addition
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Agent. Paragraph of the street address city-st-zip title name street address city-st-zip title	Signature, typed or printed name of registered ag OFFICERS A P SAENZ, JAVIER 12765 NW 8 LANE MIAMI FL 33182	DELETE   DELETE	Registered Agent signa  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 4.1 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDR	ESS ESS ESS	d when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECT Change	ORS IN 12 Addition Addition Addition
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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.