A COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DIS DEVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT .. COFFORATION ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G04586

(YES) PRINTING AND COURIER SERVICES, INC.

FILED Jun 06, 2000 8:00 am Secretary of State

06-06-2000 90008 006 ***150.00



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rincipal Place of Business Mailing Address						, , ^	1						
SOUTH B	AYSHORE DR.		2601 SOUTH (ОК	E DK.	`	`,					
FL 33133			TENTH FLOOR	a	2122			DO NOT WRITE IN THIS SPACE					
FL 33133 MIAMI, FL 3					9		f	3. Date Incorporated or Qualified					
							1	10/14/1982					
Principal Place of Business 2a. Mailing Address					***			4. FEI Number			A	pplied For	
	- * -	26	Carrier Carrier			· • · • •		 59-2337579		-	N	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Addition					
		27	•					5. Certificate of State	s Desired L		Fee R	tequired -	
City & State			City & State					6. Election Campaign Financing \$5.00 May Be				May Be	
	:	28	·					Trust Fund Contrib	ulion		Added	to Fees	
Zip	Country		Zip	Cou	intry	,		8. This corporation ov	ves the current y	year	_	_	
· · · _	25	_ 29	· · · · · · · · · · · · · · · · · · ·	30				Intangible Persona				No	
	9. Name and Address of Curren	t Regis	stered Agent		ļ.,			10. Name and Addres	is of New Regi:	stered Age	ent		
000	NOTE THOMAS D. ID.			•	81	Name	•						
	NCER, THOMAS R., JR			. ,	82	Street Ac	dress	s (P.O. Box Number is	Not Acceptable)				
	BRICKELL AVENUE			•					· · · · ·		· · · · · · · · · · · · · · · · · · ·		
	E 1901	. (. *****		83	l							
MIAN	Al FL 33131				84	City					85 Zip	Code	
×	والمهاومين المراجع المتعيني منتهام				"			·		FL [,	
office or	to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga-	of Flori	ida. Such change was a	uthorize	d by	the corpora	porati ation's	ion submits this stateme s board of directors. I h	nt for the purpose ereby accept the	e of chang appointm	jing its re ent as re	agistered agistered	
-	an lantinar with, and accept the ounge	ilions o	i, secilari do <i>r.</i> 0005, ric		inica					· · · · ·	·- / · · ·		
GNATURE	Signature, typed or printed name of registered agen	t and title	if applicable. (NC	TE: Registe	red A	gent signature i	required	t when reinstating) il		DATE			
	OFFICERS AN	D DIRE	CTORS	13.				ADDITIONS/CHANG	ES TO OFFICE	RS AND (SIRECTO	ORS IN 12	
	DP	-	DELETE .	1.1 TO	TLE	}					Change	Addition	
<u>:</u>	BERMELLO, WILLY A.			1.2 NA	ME				•				
·· LADURESS	2601 GRANADA BLVD			1.3 STREET ADDRESS				}				ł	
57-Z/P	CORAL GABLES FL 33134-5549	}		1.4 CI	TY-ST	-ZIP	_						
-	DT		DELETE	2.1 TI	TLE						Change	Addition	
-	BERMELLO, GUILLERMO R.			2.2 N/	ME	ŀ	•						
· LAUDKÉSS	726 SANTANDER AVENUE			2.3 ST	REET.	ADDRESS						•	
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-51-ZIP	CORAL GABLES FL 33134-5549)		3.4 CI	TY-ST-	-ZIP	_					_,	
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Ş î-ZIP	C)	6.4 CIT				_					
11	Why that the information by maked with	Ibia filiar	done not avalle for the				ection	119 07(3)(i) Florida SI	alutes I further	certify that	the infort	mation	

indicated on this annual report is gupplemental annual report is true and facturate 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 entrustee 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 direct an addition.

(305) 859–2050

04-28, 2,000

(305) 859-2050