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- PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 13, 1999 8:00 am Secretary of State

02-13-1999 90018 043 ***150.00

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Principal Place		Mailing Address				
5355 S.W. 8 ST. 5355 S.W. 8 ST. MIAMI FL 33134 MIAMI FL 33134			•			
MINNI IE 33134	•			DO NOT WRITE IN T	HIS SPACE	
			•	3. Date Incorporated or Qualifed 03/17/1983	•	
2 Principal Pla	ace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applie	ed For
21	000 07 000111000	26		59-2436559	Not A	Applicable
Suite, Apt. 7	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Add	ditional
22		27				
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ma	
Zip	Country	Zip	Country	This corporation owes the current year	r Intangible	
24	25		30	Personal Property Tax.	☐ Yes . 🔊	No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Register	red Agent	
1.001	TAL OCCAD I		81 Name			
	TAL, OSCAR J. OBISPO AVE.		82 Street A	ddress (P.O. Box Number is Not Acceptable)		
	AL GABLES FL 33134		83	राज्यानी है । इस स्टब्स्ट्रिक्ट्स	在《新文獻诗书》	75.13
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			,		FL	
11. Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	es, the above-named countries by the corner	orporation submits this statement for the purpos	e of changing its re- ppointment as regis	gistered stered
		0502 and 607.1508, Florida Statute ate of Florida. Such change was au ligations of, Section 607.0505, Flor		orporation submits this statement for the purpos- ation's board of directors. I hereby accept the a	e of changing its re- ppointment as regis	gistered stered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change was au ligations of, Section 607.0505, Flor	ithorized by the corpor ida Statutes.	ation's goald of directors. Thereby accept the a	ppointment as rogic	gistered stered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered	ate of Florida. Such change was audigations of, Section 607.0505, Flor agent and title if applicable. (NOTE:		ation's goald of directors. Thereby accept the a	E	
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office or reagent. I as SIGNATURE 12.	egistered agent, or both, in the Stam familiar with, and accept the obl Signature, typed or printed name of registered OFFICERS PD LOSTAL, OSCAR J. 1258 OBISPO AVE.	ate of Florida. Such change was au ligations of, Section 607.0505, Flor agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature req	uired when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS	E S AND DIRECTORS	S IN 12
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CITY-ST-ZIP 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/ff chapter 607 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR