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

Mar 29, 1999 8:00 am Secretary of State

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| 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent HENRIQUEZ, RAFAEL 6050 BISCAYNE BLVD. MIAMI FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chan office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PSD HENRIQUEZ, RAFAEL 1.2 NAME HENRIQUEZ, RAFAEL 1.2 NAME STREET ADDRESS 6050 BISCAYNE BLVD. 1.3 STREET ADDRESS 6050 BISCAYNE BLVD. 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP NAME 3.3 STREET ADDRESS CITY-ST-ZIP NAME 3.3 STREET ADDRESS CITY-ST-ZIP AMME 3.4 CITY AMME 3.5 STREET ADDRESS CITY-ST-ZIP AMME 3.5 CITY-ST-ZIP AMME 3. | le | |
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| HENRIQUEZ, RAFAEL 6050 BISCAYNE BLVD. MIAMI FL 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 86 City FL 87 88 88 88 88 88 88 88 | <u>t </u> | |
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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 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

☐ DELETE

Daytime Phone #

☐ Change

☐ Addition