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 # H93954

Principal Place of Business	Mailing Address
205 E. SAN MARINO DR. MIAMI BEACH FL 33139	205 E. SAN MARINO DR. Miami Beach FL 33139
2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
City & State	City & State
23	Zip Country

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90009 034 ***150.00



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Principal Place of Business Mailing Address										
DOS E SAN MARINO DR. 205 E. SAN MARINO DR.										
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						01/14/1986				
		2a. Mailing Address				4. FEI Number			Applied	For
2. Principal Place of Business 1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				59-2635297			Not Applicable	
						\$8				75 Additional
			27			5. Certificate of Status Desired Fee Required				
		City & State				6. Election Campaign Financing: \$5.00 May Be				
City & State		28				Trust Fund Contribution	<u> </u>	Adde	d to Fe	es
3	Country	Zip	Cou	ntry		8. This corporation owes the curre	nt year Intai	ngible		
Zip	25	29	30			Personal Property Tax.		Yes	N	<u>-</u>
4	9. Name and Address of Currer					10. Name and Address of New Ro	egistered A	gent		
	3. Name and reduces of the second			81	Name	•		•		-
BLAN	ICO, FRANCISCO, E.			82	Street Addre	ess (P.O. Box Number is Not Acceptal	ole)			
	PONCE DE LEON BLVD.			02	Oueer Mount					
STE.				83						ļ
	AL GABLES FL 33134							85 Z	ip Code	
				84	City		FL	1		Ī
	disconsistence of Sections 607.050	12 and 607 1508 Florida Statu	ites, the a	bove	-named corp	oration submits this statement for the on's board of directors. I hereby accep	ourpose of c	hanging	its regi	stered \
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized	d by t	the corporation	oration submits this statement for the on's board of directors. I hereby accep	tine appoin	IIIIGIN G	registe	
agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obliga	ations of, Section 607.0303, Fi	Oliua Stai	uics.				. :		
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable (NO)	E: Registere	Agent	t signature require	d when reinstating)	DATE			<u></u>
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN			
TITLE	PD	☐ DELETE	1.1 T	TLE				Chan	ge L	_ Addition
	BLANCO, FRANCISCO E.		1.2 N	AME		·		•		
NAME	205 E. SAN MARINO DR.		1.3 \$	TREET	ADDRESS					
STREET ADDRESS	MIAMI BEACH FL 33139		1.4 0	ITY-ST	r-ZIP					7 4 4 00
CITY-ST-ZIP	VD	DELETE	2.1 1	TLE				☐ Char	ge t	Addition
TITLE	BLANCO, JORGE A.		2.2 N	IAME		•				
NAME	7440 SW 68TH STREET		2.3 \$	TREET	T ADDRESS	•				
STREET ADDRESS				CITY-S				/		
CITY-ST-ZIP	MIAMI BEACH FL	☐ DELETE		TITLE				Char	ige [Addition
TITLE	VDTS	_ "		NAME						
NAME	BLANCO, MARIA K 205 E. SAN MARINO DR.				T ADORESS		•			
STREET ADDRESS				CITY-S		<u></u>				
CITY-ST-ZIP	MIAMI BEACH FL	☐ DELETE		TITLE				Char	nge (Addition
TITLE		_	1	NAME						
NAME					T ADDRESS					
STREET ADDRESS				CITY-S				·		
CITY-ST-ZIP		☐ DELETE		TITLE		<u> </u>		Cha	nge	Addition
TITLE				NAME				•		
NAME			5.3	STREE	T ADDRESS			*		
STREET ADDRESS				CITY-S	ī	•				
CITY-ST-ZIP		DELETE		TITLE				☐ Cha	nge	☐ Addition
TITLE			6.2	NAME	}					
NAME			1		T ADDRESS			•		
STREET ADDRESS	5			CITY-5		•				
	1		0.4	A111.						

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.

305-538-6098