FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # K12296

1. Corporation Name ANICOICAN DITCINECE TOADING INCODDODATED FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90108 009 ***150.00

AVILITIO	AN DUSINESS TRADING, IN	IOONFORKIED					
Principal Place	e of Business	Mailing Address			f IMB! Blif dot i i bim i i bid ann beir	Attate himil meger memer a	iliti Alfili iadi
150 SE 2ND A	/E	150 SE 2ND AVE					
204 NE 1ST ST	REET	101			DO NOT WRITE IN	THIS SPACE	
MIAMI FL 33132 . MIAMI FL 33132					Date Incorporated or Qualifed	THIS SPACE	
US		03			01/19/1988		-
O Dringing I D	lace of Business	2a, Mailing Address		+	4, FEI Number	An	plied For
	E. FLAGLER ST.	26 255 E	LAGLER	25%	65-0051596		t Applicable
21 25 Suite, Apt.		Suite, Apt. #, etc.				\$8.75	
	63	27 65	3		5. Certificate of Status Desired	Fee Re	quired
City & Stat	0	City & State			6. Election Campaign Financing	\$5.00	May Be
23 H/A		28 MIAMI	FLOR	109	Trust Fund Contribution	Added t	o Fees
Zip .	Country	Zip > 3 . 3 .	Country	ica	8. This corporation owes the current ye		
コロープ	131 ₂₅ USA	29 23/3/	30	37	Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Regis	tered Agent	
000			81 Na	ame L	UIS COGO		
	GO, LUIS		82 Str	reet <u>Ad</u> dres	s (P.O. Box Number is Not Acceptable)		
	SE 2ND AVE 101			25 <u>5</u>	E. FLAGLER		
MIAI	WI FL 33132		83	Cum	f #63		
<u>a</u> ,			84 Cit	tv		85 Zip	Code
_	1			· 17/19	741	FL	3/3/
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-nar	med corpora	ation submits this statement for the purpose board of directors. Thereby accept the	ose of changing its appointment as re	registered aistered
office of r	registered agent, or doth, in the acate im familiar with and accept the obliga	tions of, Section 607.0505, Flor	rida Statutes	corporation	s board of directors. I hereby accept the	,	g
SIGNATURE	MAKKA	Luis CO	60				
OIOII/IIO/IE			: Registered Agent signa	ature required w		ATE .	20.01.42
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE	P	□ beleit				<u> </u>	
NAME	COGO, LUIS		1.2 NAME				Ì
STREET ADDRESS	3020 SW 111ST AVE		1.3 STREET ADDR	RESS			
CITY-ST-ZIP	MIAMI FL.		1.4 CITY-ST-ZIP				ļ
TITLE	V	El aciere				[T] Change	Addition
NAME	DE GOOD MARCH REATRIES	☐ DELETÉ	2.1 TITLE			Change	☐ Addition
	DE COGO, MABEL BEATRIZ V	-	2.1 TITLE 2.2 NAME	9500		Change	Addition
STREET ADDRESS	3020 SW 111ST AVE	-	2.1 TITLE 2.2 NAME 2.3 STREET ADDR			Change	☐ Addition
CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP				. -
CITY-ST-ZIP	3020 SW 111ST AVE	-	2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE			☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME	3020 SW 111ST AVE		2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	· · · · · · · · · · · · · · · · · · ·			. -
CITY-ST-ZIP TITLE NAME STREET ADDRESS	3020 SW 111ST AVE		2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZP 3.1 TITLE 3.2 NAME 3.3 STREET ADDR	RESS			. -
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	3020 SW 111ST AVE	☐ DELETÉ	2.1 TITLE 2.2 NAME 2.3 STREET ADDF 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDF 3.4. CITY-ST-ZIP	RESS			. -
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3020 SW 111ST AVE		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 3.4. CITY-ST-ZIP 4.1 TITLE	RESS		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3020 SW 111ST AVE MIAMI FL	☐ DELETÉ	2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZP 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	RESS		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3020 SW 111ST AVE MIAMI FL	☐ DELETÉ	2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR	RESS		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3020 SW 111ST AVE MIAMI FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP	RESS		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3020 SW 111ST AVE MIAMI FL	☐ DELETÉ	2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP 5.1 TITLE	RESS		☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	3020 SW 111ST AVE MIAMI FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	RESS		☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3020 SW 111ST AVE MIAMI FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4. 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 5.3 STREET ADDR	RESS		☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	3020 SW 111ST AVE MIAMI FL	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	RESS		☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	3020 SW 111ST AVE MIAMI FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 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 5.4 CITY-ST-ZIP 6.1 TITLE	RESS		Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3020 SW 111ST AVE MIAMI FL	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 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 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	RESS		Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3020 SW 111ST AVE MIAMI FL	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 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 5.4 CITY-ST-ZIP 6.1 TITLE	RESS RESS		Change	Addition Addition

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 of 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corpo ent with an address, with all other like empowered.

SIGNATURE:

LUIS COGO 0 AME OF SIGNING OFFICER OR DIRECTOR