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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90011 020 ***150.00

DOCUMENT # K29806

9. Name and Address of Current Registered Agent LUCERO, EDUARDO 8725 SW 96 ST KENDALL FL 33176 82 Street Address (P.O. Eox Number is Not Acceptable) 83 Registered Agent 84 City FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation sub mits this statement for the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the population's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors.	\$8. Fe \$5. Ad angible	8.7 Fee 55.0 Adde	75 e Ft	Ad lequ	App dditid quire May Fee	olica ional ed Be es	able il
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SIGNATURE Signature, typed or printer name of registered agant and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			—	-			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND	D DIRE	REC	СТ	ЭR	रड ।	N 12	2
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14. 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 Charter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attainment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED O 2 PRINTED WANE OF SIGNING OFFICER OR DIRECTOR

4126/99

Daytime Phone #