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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K46743

W-IAI-W- IA	n Name MANAGEMENT SERVICES, I	INC.						
Principal Place	e of Business	Mailing Address		- '				
% ANICIA MOR		% ANICIA MORALES						
1722 S.W. 84TH CT. 1722 S.W. 84TH CT.			•		DO NOT WRI	TE IN THIS SE	PACE	
MIAMI FL 33155 MIAMI FL 33155 .					3. Date Incorporated or Qualifed	12 11 1110 01		
					11/22/1988			
2. Principal Pl	lace of Business	2a. Mailing Address	3	 .	4. FEI Number			olied For
21		26			65-0119399			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.		5. Certifcate of Status Desired	X □	\$8.75 A	
22	<u></u>	27.		<u> </u>		<u>, r, </u>	Fee Re	
City & State	e e	City & State			6. Election Campaign Financing		\$5.00 (Added to	
23	· · · · · · · · · · · · · · · · · · ·	28 7:n		ountry	Trust Fund Contribution			0 Fees
Zip	Country	Zip		ourid y	This corporation owes the cur Personal Property Tax.			□No
24	9. Name and Address of Currer	29 Agent	30		10. Name and Address of New			
	3. Name and Address of Corre	nt Nogistered Agent		81 Name				
MOR	RALES, ANICIA							
1722	2 S.W. 84TH CT.			82 Street A	ddress (P.O. Box Number is Not Accept	able)		
MIAN	MI FL 33155			83		<u>-</u>		
						<u></u>		
				84 City	i	FL	85 Zip C	Code
agent. i a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations of the collision of	02 and 607.1508, Florida of Florida, Such change ations of, Section 607.050	Statutes, the was authorized 5, Florida Sta	above-named coed by the corporatutes.	orporation submits this statement for the ation's board of directors. I hereby acce			registered gistered
11. Pursuant office or re agent. I a	im familiar with, and accept the obliga	orallo.	13, 170 Julio 312	Alles.	orporation submits this statement for the ation's board of directors. I hereby acce	purpose of ch pt the appointm		registered gistered
agent. i a	Structure, typed or printed name of registered age	orallo.	13, 170 Julio 312	ad Agent signature req	/	4- /	2-9	9
signature	Structure, typed or printed name of registered age	and and title if applicable.	(NOTE: Registers	ad Agent signature req	juired when reinstating)	DATE FICERS AND	2-9	9
signature	Structure, typed or printed name of registered ege OFFICERS AN P MORALES, ANICIA	and the if applicable.	(NOTE: Registere	ed Agent signature req	juired when reinstating)	DATE FICERS AND	2-9 DIRECTO	9_ RS IN 12
SIGNATURE 12.	Stypefure, typed or printed name of registered ego	and the if applicable.	(NOTE: Registers 13 1.1 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2	ad Agent signature required.	juired when reinstating)	DATE FICERS AND	2-9 DIRECTO	9_ RS IN 12
SIGNATURE 12 TITLE NAME	Structure, typed or printed name of registered ege OFFICERS AN P MORALES, ANICIA	and the if applicable.	(NOTE: Registers 1.1 1.2 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3	Add Agent signature required. TITLE NAME	juired when reinstating)	DATE FICERS AND	2-9 DIRECTO Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AN MORALES, ANICIA 1722 S.W. 84TH CT.	and the if applicable.	(NOTE: Registers 1.1 1.2 1.3 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4	ad Agent signature requirements of the street address of the stree	juired when reinstating)	DATE FICERS AND	2-9 DIRECTO	9_ RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN MORALES, ANICIA 1722 S.W. 84TH CT.	int and title if applicable. ND DIRECTORS	13 ETE 1.1' 1.2' 1.3: 1.4' ETE 2.1'	add Agent signature regions TITLE NAME STREET ADDRESS CITY-ST-ZIP	juired when reinstating)	DATE FICERS AND	2-9 DIRECTO Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Stypeture, typed or printed name of registered age OFFICERS AN MORALES, ANICIA 1722 S.W. 84TH CT. MIAMI FL	int and title if applicable. ND DIRECTORS	(NOTE: Registers 1.1.1 1.2.1 1.3.1 1.4.1 1.4.1 1.2.1 1.2.1 1.2.1 1.3.1 1.4.1 1.4.1 1.2.1 1.3.1 1.4.1 1	Address algorithms regarded to the state of	juired when reinstating)	DATE FICERS AND	2-9 DIRECTO Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Stypeture, typed or printed name of registered age OFFICERS AN MORALES, ANICIA 1722 S.W. 84TH CT. MIAMI FL	int and title if applicable. ND DIRECTORS DELE	(NOTE: Registers 1.1.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.2.2.2.3.2.4.4.1.2.1.2.2.2.3.2.4.4.1.2.2.2.3.2.4.4.1.2.2.2.3.2.4.4.1.2.2.2.3.2.4.4.1.2.2.2.3.2.4.4.2.2.3.2.4.4.2.2.3.2.4.4.2.2.3.2.4.4.2.4.2	od Agent signoture reg	juired when reinstating)	DATE FICERS AND	DIRECTO Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Stypeture, typed or printed name of registered age OFFICERS AN MORALES, ANICIA 1722 S.W. 84TH CT. MIAMI FL	int and title if applicable. ND DIRECTORS	(NOTE: Registers 1.1.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.2.2.2.3.2.4.4.1.2.1.2.2.2.3.2.4.4.1.2.2.2.3.2.4.4.1.2.2.2.3.2.4.4.1.2.2.2.3.2.4.4.1.2.2.2.3.2.4.4.2.2.3.2.4.4.2.2.3.2.4.4.2.2.3.2.4.4.2.4.2	od Agent signature requirements TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	juired when reinstating)	DATE FICERS AND	2-9 DIRECTO Change	RS IN 12
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AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P MORALES, ANICIA 1722 S.W. 84TH CT. MIAMI FL	Int and title of applicable. IND DIRECTORS DELE	(NOTE: Register 1.1 1.2 1.3 1.4 1.4 1.5 1.5 1.4 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	DOT AGENT SIGNATURE PRODUCTION OF THE PRODUCT OF TH	juired when reinstating)	PICERS AND	DIRECTO Change Change Change	RS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORALES, ANICIA 1722 S.W. 84TH CT. MIAMI FL	mt and title if applicable. ND DIRECTORS DELE DELE DELE DELE	(NOTE: Register 1.1) 1.2) 1.3 1.4 ETE 2.1 2.2 2.3 2.4 ETE 3.1 3.2 4.1 4.2 4.3 4.4 ETE 5.1 5.2 5.3 5.4	DO Agent signature regions. TITLE NAME STREET ADDRESS CITY-ST-ZIP	juired when reinstating)	DATE FICERS AND	DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition
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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 toustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change), or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90049 045 ***150.00