**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # K50262



Secretary of State DIVISION OF CORPORATIONS

## Apr 20, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

04-20-1999 90248 025 \*\*\*150.00



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Principal Place	e of Business	Mailing Address			I Alfall Alfall Attil aren alfall leet
% JUANA MA	<b>E</b> ON	% JUANA M. LEON			•
1511 S.W. 22ND TERRACE 1511 S.W. 22ND TERRACE			DO NOT WRITE IN THI	S SPACE	
MIAMI FL 33145-3942 MIAMI FL 33145-3942			3. Date Incorporated or Qualifed		
\				12/09/1988	
2 Daireinal D	Name of Business	2a. Mailing Address		12/09/1900 4. FEI Number	Applied For
	lace of Business	<b>⊢</b> ¬ - ` -	200	- 65-0096449	Not Applicable
21, 9460 Suite, Apt.	5 W-355T	26 5 46 5 W Suite, Apt. #, etc.	39		\$8.75 Additional
	#, Gic.	27		5. Certifcate of Status Desired	Fee Required
City & Stat	bo .	City & State		6. Election Campaign Financing	\$5.00 May Be
├─ <b>`</b> ```````````````````		28 MiANI-FL		Trust Fund Contribution	Added to Fees
23 <i>F// L</i>	Country	Zip	Country	8. This corporation owes the current year li	
24 33/4		29 33/65 30	<b>–</b>	Personal Property Tax.	☐Yes ☐No
24 0014	9. Name and Address of Current		<u></u>	10. Name and Address of New Registered	d Agent
			81 Name		
JESI	US M CABRERA				
	W 30 ST		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	LEAH FL 33012	•	83		
				·	· · · · · · · · · · · · · · · · · · ·
			84 City	F:	85 Zip Code
44 Oursusant	to the provisions of Sactions 607 0502	and 607 1508 Florida Statutes	the above-named come	oration cultimits this statement for the purpose	of changing its registered
l office or r	registered agent, or both, in the State o	f Florida. Such change was auth	norized by the corporation	on's board of directors. I hereby accept the app	ointment as registered
	w fomiliar with and accept the obligation				
agent. I a	iti latililai widi, and accept the congain	ons of, Section 607.0505, Florida	a Statutes.		,
agent. I a			_		·
agent. I a	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	a Statutes.  egistered Agent signature required  13.		AND DIRECTORS IN 12
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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 anual apport 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 combration or the recorder or drustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: