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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90060 004 ***150.00

Principal Place	e of Business	Mailing Address					
2601 BISCAYNE	E BLVD	2601 BISCAYNE BLVD					
MIAMI FL 33137 MIAMI FL 33137		MIAM! FL 33137		DO NO	OT WRITE IN THIS S	PACE	
				3. Date Incorporated or Q		ACL	
				01/09/1989	damod		
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Ap	plied For
1		26		65-0093851		<u> </u>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			sired	\$8.75	Additional
2		27		5. Certifcate of Status Des	sired U	Fee Re	quired
City & State	e	City & State		6. Election Campaign Fina	ancing	\$5.00	May Be
3		28		Trust Fund Contribution	<u> </u>	Added t	to Fees
Zip	Country	Zip	Country	8. This corporation owes t			
4	25		30	Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	rent Registered Agent	81 Na	10. Name and Address of	New Registered Ag	jent	
RODRIGUEZ, ANTONIO 2601 BISCAYNE BLVD MIAMI FL 33137							
			82 St	reet Address (P.O. Box Number is Not .	Acceptable)		
			83				
*****	/ 2 00 /0/		"				<u>.</u>
			84 Cit	ty	EI	85 Zip (Code
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	ate of Florida. Su <i>c</i> h change was a	uthorized by the (med corporation submits this statement corporation's board of directors. I hereb	for the purpose of ch y accept the appointr	nanging its ment as re	registered gistered
office or n agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered	ate of Florida. Such change was a igations of, Section 607.0505, Flor	uthorized by the original Statutes. Registered Agent signs	corporation's board of directors. I hereo	y accept the appoint	ment as re-	gistered
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14. I hereby certify that the information supplied with this filling 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 chapter or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR