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**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # K58695



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90228 005 \*\*\*150.00

MIAMA FL 33377  MAM FL 33367  MAM FL 33267  MAM FL 33267  3. Dute incorporation or Qualified Or Qualified Or 1/1/17/1988  2. Principal Place of Business	<ol> <li>Corporation</li> </ol>	n Name	•								
Principal Place of Business  Walk 1, 1972  LINES SW 28 THE STATE CP J. LERHANDEZ STANDA MAR 1, 2012  2 Principal Place of Business  3 DO NOT WRITE IN THIS SPACE  4 FEI Number  5 Confect of Status Desired Personal	NICROX	CORPORATION									
Principal Place of Business  Walk 1, 1972  LINES SW 28 THE STATE CP J. LERHANDEZ STANDA MAR 1, 2012  2 Principal Place of Business  3 DO NOT WRITE IN THIS SPACE  4 FEI Number  5 Confect of Status Desired Personal											
1985 SW 26 STREET   C.P.   LERNANCE   1150 M 7300 W.E. 407											
MIAMA F. 3337  MAMA F. 3337  A Deel incorporated or Qualified O'Unified O'Unif	Principal Place of Business Mailing Address										
MAMI FL 33128   DO NOT WRITE IN THIS SPACE											
US  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Live Market 3. Suite, Apt. #, etc. 3.								DO NOT WRITE IN THIS SPACE			
2. Mailing Address   2. Mailing Address   4. FEN Number   Applied For   Suite, Apt. #, etc.   Suite, Apt. #, e											
2. Milling Address   2. Milling Address   3. Secretate of Business   2. Milling Address   5. So (137417								•			
Sulle, Apt. #, etc.    Sulle, Apt. #, etc.   Sulte, Apt. #, etc.	2. Principal Place of Business 2a. Mailing Address									Ap	plied For
Suite, Apt. #, etc.  27 City & State  City &								65-0137417 Not Apr			t Applicable
The proposition of Sections 697 0502 and 697 1509. Florida Statutos we have composition submits this statement for the purpose of changing lise registered agent to the provision of specific or registered agent and seed are registered agent agent and seed are registered agent and seed are registered agent agent and agent agent and seed are registered agent agent and seed are registered agent agent and agent agent and seed are registered agent agent and agent		#, etc.	Suite, Ap					Certificate of Status Desired			
Trust Fund Contribution   Added to Fees   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   R. This corporation covers the current year Intelligible   Yes   Yes   Zip   Country   Personal Property Tax.   Yes   Yes   Zip   Country   Personal Property Tax.   Yes   Zip   Zip   Country   Zip   Z	22		27	27				3. Certificate of Glatida Desired		Fee Re	equired
April   Pursuant to the provisions of Sections 607 0502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent of both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the apportment as registered agent of both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the apportment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the apportment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the apportment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the apportment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the apportment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the apportment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the apportment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the apportment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the apportment as registered agent, or both, in the State agent age	City & State	e .	City & S	City & State							
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  13. Street Address (P.O. Box Number is Not Acceptable)  14. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authoritied by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authoritied by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Statutes.  15. Name	23		· · · · · · · · · · · · · · · · · · ·					Trust Fund Contribution Added to Fees			
9. Name and Address of Current Registered Agent  LINARES, DIEGO 8124 SW 1581H TERRACE MIAMI FL 33175  42 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and cacept the obligation of, Section 500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and cacept the obligation of, Section 500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and cacept the obligation of, Section 500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and cacept the obligation of, Section 500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and cacept the obligation of, Section 500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and cacept the obligation of, Section 500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and cacept the obligation of statement of inspitered agent. I am familiar with, and accept the obligation of statement of inspitered agent. I am familiar with, and accept the obligation of statement of inspitered agent and the statement of ins	Zip				¬ ´			I			
LINARES, DIEGO 8124 SW 158TH TERRACE MIAMI FL 33175  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-name corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authoraced by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 807,0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY. ST. 2P  ITTLE  PD  ORACE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY. ST. 2P  ITTLE  TSD  ORACE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITTLE  TSD  ORACE  14. CITY. ST. 2P  ITTLE  TSD  ORACE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITTLE  TSD  ORACE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITTLE  TSD  ORACE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITTLE  TSD  ORACE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITTLE  TSD  ORACE  15. ADDITIONS/CHANGES TO OFFICERS AND ORACE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITTLE  TSD  ORACE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ORACE  Change  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITTLE  TSD  ORACE  15. TITLE  ORACE  15. TITLE  ORACE  15. TITLE  ORACE  15. TITLE  ORACE  Change  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO	24										
LINARES, DIEGO 8124 SW 158TH TERRACE MIAMI FL 33175  82 Street Address (P.O. Box Number is Not Acceptable)  14. Pursuant to the provisions of Sections 697.0502 and 697.1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are familiar with, and accept the obligations of, Section 07,9505, Florida Statutes.  SIGNATURE  Signature  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. OFFICERS AND DIRECTORS  13. STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  13. STREET ADDRESS  13. STREET ADDRESS  13. STREET ADDRESS  14. GTV 57.2P  14. GTV 57.2P  15. D OBLETE  15. STREET ADDRESS  15. STREET A		9. Name and Address of Curren	nt Registered Ag	ent	81	Name		10. Name and Address of New P	tegistere	u Agent	-
8124 SW 158TH TERRACE MIAMI FL 33175  82   Street Address (P.O. Box Number is Not Acceptable)  83   84   City   FL   85   Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes.  SIGNATURE    STOP	LINA	res. Diego									
MIAMI FL 33175    84   City   FL   85   Zip Code							Addres	ss (P.O. Box Number is Not Accepta	able)		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signatural with, and accept the obligations of, Section 607.0505, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  12. OFFICERS AND DIRECTORS  14. CITY-ST-2P  14. CITY-ST-2P  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. TITLE  17. TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. TITLE  19. DELETE  11. TITLE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. CITY-ST-2P  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. TITLE  15. TITLE  15. Change Addition  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. Change Addition  17. TITLE  18. CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. TITLE  10. Change Addition  19. TITLE											
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11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorised by the corporation's board of directors. I hereby accept the appointment as registered agent, it am familiar with, and accept the obligations of, Section 607,005, Florida Statutes.  SIGNATURE    Signature types or pretied name of registered agent and tile if applicable.    (NOTE Registered Agent signature received when reversaling)					84	City			F	85 Zip (	Code
office or registered agent, or both, in the State of Florida. Such change was automorated by the corporation's board of director's. Interest accept the application of section 607,0505, Florida Stateties.    Signature	11 Pursuant	to the provisions of Sections 607 050	12 and 607 1508	Florida Statutes	the above	l e-named	COLDOL	ation submits this statement for the	nurnose	of changing its	registered
Signature   Sign	office or re	egistered agent, or both, in the State	of Florida. Such e	change was auti	nonzed by	the corp	oration	's board of directors. I hereby accep	ot the app	ointment as re	gistered
12.	-	m familiar with, and accept the obliga	ations of, Section	007.0505, Tibrid	a Statutes	•					{
TITLE	SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: R	egistered Ager	t signature	required v	when reinstating)	DATE		
INAME	12.	OFFICERS AN	ND DIRECTORS		13.		,	ADDITIONS/CHANGES TO OF	FICERS /		
STREET ADDRESS   STRE	TITLE	· =		☐ DELETE	1.1 TITLE					Change	☐ Addition
MIAMI FL	NAME				12 NAME						
TITLE TSD   DELETE   21 TITLE   Change   Addition   NAME LINARES, NONNE   22 NAME   STREET ADDRESS   S124 SW 158TH TERRACE   23 STREET ADDRESS   CITY-ST-ZIP   DELETE   DELETE   S1 TITLE     OELETE   S1 TITLE   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   OELETE   S1 TITLE     OELETE   OELETE   S1 TITLE     OELETE   OELETE   S1 TITLE     OELETE   OELETE   OELETE     OELETE   OELETE   OELETE   OELETE     OELETE	STREET ADDRESS				1.3 STREE	ADDRESS					ì
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CITY-ST-ZIP         MIÁMÍ FL         2.4 CITY-ST-ZIP           TITLE	NAME				2.2 NAME						
TITLE	STREET ADDRESS	:			2.3 STREET	ADDRESS					
NAME	CITY-ST-ZIP	MIAMI FL			•	T-ZIP	ļ			Change	☐ Addition
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TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         STREET ADDRESS         Change         Addition           NAME         62 NAME         STREET ADDRESS	i										
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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

494-1533 Daytime Phone #