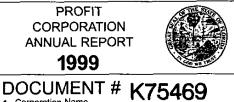
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State DIVISION OF CORPORATIONS

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90007 007 ***150.00



LILO CO	RPORATION									1
Principal Place	of Business	Mailing Address				i idalahik ari dadar astis arata attid atti ara	1	#1) # (#)14 #1	1841 1881	
10031 SW 2ND ST 10031 SW 2ND ST MIAMI FL 33174 MIAMI FL 33174						DO NOT WRITE IN TH	IIS SPACE		•	
						3. Date Incorporated or Qualifed	113 SFACE			1
ļ	•			,		03/20/1989				ļ
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Appl		For	1
21		26	26			65-0194041	Not Applicable] .	
Suite, Apt.	Suite, Apt: #, etc.	elc			5. Certificate of Status Desired	of Status Desired \$8.75 Additional Fee Required				
City & Stat		City & State				6. Election Campaign Financing \$5.00 May Be				ĺ
23		28	28			Trust Fund Contribution	Trust Fund Contribution Added to Fees			
Zip	Country	Zip				g. The solperanent and the series,		ingible		
24 25		29	30			Personal Property Tax.				┨
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registere	ed Agent			ł
EEDI	IANDEZ EDII			81	Name					
FERNANDEZ, EDİL 10031 SW 2ND ST.				82	Street Addr	ddress (P.O. Box Number is Not Acceptable)]
10031 3W 2ND 31.										1
I INICAN	III FE 33174			83						j
				84	City		85	Zip Code		1
		EO2 CO7 1509 Florido State	tos the		-named com			its regis	stered	1
office or r agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was gations of, Section 607.0505, Fl	authoriz orida Sta	ed by atutes.	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment a	s registe	red	
SIGNATURE						d when reinstating) OATE	·		_	_ ا
	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS				signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				9
12.	DELETE		_	13		ADDITIONS/OTIANGES TO STETIGENS	☐ Char		Addition	11/00/
NAME	FERNANDEZ, EDIL			1.2 NAME						
STREET ADDRESS	10031 SW 2ND ST		1.3 STREET ADDRESS							700
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S] 8
TITLE	DELETE		_	2.1 TITLE			Cha	nge [] Addition	} ‹
NAME			2.2	22 NAME						
STREET ADDRESS			2.3 STRE		ADDRESS]
CITY-ST-ZIP				CITY'S	T-ZIP					
TITLE	DELETE		3.1	TITLE	T		Cha	nge [Addition	
NAME			3.2	NAME						
STREET ADDRESS			3.3	STREET	ADDRESS					1
CITY-ST-ZIP				3.4. CITY-ST-ZIP					7 Addis	-
TITLE	DELETE			4.1 TITLE			☐ Chai	nge L] Addition	
NAME				4. 2 NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			_	4.4 CITY-ST-ZIP			Chai	nge F	Addition	{
TITLE	DELETE			5.1 TITLE 5.2 NAME			F) Guar	y		Ì
NAME					ADDRESS					
STREET ADDRESS				CITY-ST						
C/TY-ST-ZIP		☐ DELETE		TITLE	-		Cha	nge l'	Addition	1
TITLE		- Dutele	1	NAME	1			-		1

6.4 CITY-ST-ZIP 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 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

6.3 STREET ADDRESS

ENNHAUCZ

SIGNATURE:

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR