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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	K771	50
4 0 N		6 N I I I	\mathbf{U}

1. Corporation Name

City & State

23

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Principal Place of Business	Mailing Address		
14623 N.W. 7TH AVE. Miami FL 33168	14623 N.W. 7TH AVE. MIAMI FL 33168		
2. Principal Place of Business	2a. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

28

Zip

City & State

29 25 9. Name and Address of Current Registered Agent

Country

FINAN, THOMAS P. 330 ALHAMBRA CIR 2ND FL CORAL GABLES 33134

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90084 026 ***150.00



	04/03/1989			
4.	FEI Number			Applied For
	65-0111385			Not Applicat
5.	Certifcate of Status Desired		\$8.75 Additional Fee Required	
6.	Election Campaign Financing Trust Fund Contribution			0 May Be
8.	This corporation owes the curre Personal Property Tax.	ent year Ir	ntangible Yes	□No
10.	Name and Address of New R	egistered	d Agent	
s (P	O. Box Number is Not Accepta	ible)		

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 authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

81 Name

82

83 84 City

Street A

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J	· · · · · · · · · · · · · · · · · · ·				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature required when	reinstation) DATE		\
			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	20 INI 12
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT		
TITLE	D DELETE	1,1 TITLE		☐ Change	Addition
NAME	FUJARCZYK, FRANK, JR.	1.2 NAME			1
STREET ADDRESS	14623 N.W. 7TH AVENUE	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL.	1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		Change	Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2. 4 CITY-ST-ZIP			3
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME		3 2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS	•		1
CITY-ST-ZIP		34 CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		4. 2 NAME			ĺ
STREET ADDRESS		4.3 STREET ADORESS			1
CITY-ST-ZIP		4.4 CITY- ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	61 TITLE		☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP	440 07(2)(3) Elevido Statutos I further co	ale al all to	<u> </u>

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section indicated on this annual report or supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(i), Fronda Statutes. I further certify that the informational indicated on this annual report or suppliemental 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 expowered 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 activess, with all other like empowered.

SIGNATURE:

FRANK FUJARCZYK,

(30) 446-1120