Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90071 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1 22742

1. Corporation		FLORIDA, INC.				
Principal Place	of Business	Mailing Address		I italitati era timos titti tenit ninen titti atar		
7700 NORTH K	ENDAL DRIVE	7700 NORTH KENDAL DRIVE				
SUITE 300		SUITE 300				
MIAMI FL 33156		MIAMI FL 33156		DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualifed 10/17/1989		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applie	ed For
21		26		65-0153492	Not A	pplicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Add	ditional
22		27		5. Certificate of Status Desired	Fee Requi	ired
City & State	9	City & State	20 May 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6. Election Campaign Financing	\$5:00 Ma	y Be
23		28		Trust Fund Contribution	Added to F	
Zip	Country	Zip	Country	8. This corporation owes the current year I]No
24	25		901	Personal Property Tax. 10. Name and Address of New Registere		1140
	9. Name and Address of Current	Registered Agent	81 Name	TO. Name and Address of New Adjusters	a Agent	
ANN	P. MACHADO			dress (P.O. Box Number is Not Acceptable)		
7700 N. KENDALL DR. #300		•		oress (P.O. Box Number is Not Acceptable)	******	
	1200		. 83	· ·		
MAIM	/II FL 33156		84 City		85 Zip Cod	de
_			'	· · · •	L I i	
office or re	egistered agent, or both, in the State of	f Florida. Such change was aut	horized by the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as regis	tered
SIGNATURE	· -	· · · ·		· · · · · · · · · · · · · · · · · · ·		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	da Statutes. Registered Agent signature requi	· · · · · · · · · · · · · · · · · · ·		
SIGNATURE	· -	and title if applicable. (NOTE: R	Registered Agent signature requi	ired when reinstating) DATE		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	Registered Agent signature requi	ired when reinstating) DATE	AND DIRECTORS	S IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D MACHADO, ANN P.	and title if applicable. (NOTE: R	Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME	ired when reinstating) DATE	AND DIRECTORS	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D MACHADO, ANN P. 7700 N. KENDALL DR., #300	and title if applicable. (NOTE: R	Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ired when reinstating) DATE	AND DIRECTORS	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D MACHADO, ANN P. 7700 N. KENDALL DR., #300 MIAMI FL	and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ired when reinstating) DATE	AND DIRECTORS Change	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND D MACHADO, ANN P. 7700 N. KENDALL DR., #300 MIAMI FL	and title if applicable. (NOTE: R) D DIRECTORS DELETE	Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ired when reinstating) DATE	AND DIRECTORS Change	S 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 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 componistion 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 chipment or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: