## 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

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90014 047 \*\*\*150.00

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Principal Place	e of Business	Mailing Address				
3399 N.W. 72ND	D AVE.	3399 N.W. 72ND AVE. #211				
#211 MIAMI FL 33122	)	MIAMI FL 33122		DO NOT WRITE II	N THIS SPACE	
				3. Date Incorporated or Qualifed		<u> </u>
				04/05/1990	<del></del>	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	<u> </u>	olied For
21	·	26		65-0184667		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22 =====		27	والمستعدد والمستوفرات			
City & State	<del>9</del>	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 i	
23 Zip	Country	28	Country	8. This corporation owes the current		71000
Zip	25	29 30	_	Personal Property Tax.		□No
24	9. Name and Address of Current		<u> </u>	10. Name and Address of New Regi	stered Agent	
			81 Name			
TAIL	lade, Karina		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	<u> </u>	
3399	N.W. 72ND AVE.		Sileet Addi	ess (F.O. Box Number is Not Acceptable)	·	
#211	1		83			
MAIM	M FL 33122		84 City		85 Zip C	ode
			84 City		FL   "	
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was authons of, Section 607.0505, Florida	onzed by the corporation Statutes.	poration submits this statement for the pur on's board of directors. I hereby accept the	e appointment as reg	ristered
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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 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 appearment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SKE KE SUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR