COF ANNL	NOW: FILING PROFIT RPORATION JAL REPORT 1999	FEE AFTEI	R MAY 1ST IS FLORIDA DEPAR Katherii Secretar DIVISION OF C	RTMENT ne Harri y of State	OF STATE		Sec	16, 1 retar	LED 999 8: y of St ^{07 005 ***15}	tate
 Corporation 	MENT # L7 ^{n Name} /ESTMENT, INC.	4527								
Principal Place			ailing Address							
1851 NW 99 CT 11AMI FL 33178			40 SW 2ND STREET							
IS	-	48	51 NW, 99th Ct			H	DO 3. Date Incorporated o		N THIS SPACE	
		Mia	ami,F1 33178-192	25			05/18/1990			
2. Principal P	lace of Business	2a.	Mailing Address		<u> </u>		4. FEI Number			Applied For
1		26					65-0275964	·		Not Applicable 5 Additional
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status	Desired [1 '	Additional Required
2 City & Stat	le		City & State				6. Election Campaign I	Financing	┐ \$5.0	00 May Be
3		28			<u> </u>		Trust Fund Contribu	tion	Add	ed to Fees
Zip 4	Country 25	29	Zip	Cour 30	ntry		 This corporation ow Personal Property T 		year Intangible X Yes	□No
4	9, Name and Addre			50			0. Name and Address		istered Agent	
NOV	O, NESTOR				81 Name NES	TOR NO	WO			
	1 NW 99 CT				82 Street	Address	(P.O. Box Number is N 99 CT	lot Acceptable)	
	WI FL 33178				83	1444.	// CI	,		
					84 City				- 85	Zip Code 33178
					84 City MLAN	m			FL 3	33178
11. Pursuant	to the provisions of Sect	tions 607.0502 and 6	07.1508, Florida Statuti	es, the al	pove-named	L corporat	ion submits this statem	ent for the pu	pose of changing	ts registered
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sect registered agent, or both am familiar with, and acco <u>+ Uutto</u> Signature, typed or printed name	men	07.1508, Florida Statuti da. Such change was a , Section 607.0505, Flor if applicable. (NOTE		by the corp ites.	corporat oration's	an reinstating)		3/15/99	g its registered s registered
SIGNATURE	Signature, typed or printed name	men	if applicable (NOTE CTORS	Registered	bove-named by the corp ites.	corporat oration's required who			3/15/99 DATE ERS AND DIREC	g its registered s registered
SIGNATURE	Signature, typed or printed name	of registered agent and ble	if applicable. (NOTE	Registered 13. 1.1 Til	bove-named by the corp lites. Agent signature	corporation's	ADDITIONS/CHANG		3/15/99	g its registered s registered
SIGNATURE 12 TITLE NAME	PD NOVO, NESTOR	FFICERS AND DIRE	if applicable (NOTE CTORS	Registered 13. 1.1 Til 1.2 NA	Dove-named by the corp lites. Agent signature LE ME	corporat oration's required whe PD NOVO	an reinstating)		3/15/99 DATE ERS AND DIREC	g its registered s registered
SIGNATURE	+ U Letter Signature, typed or printed name PD NOVO, NESTOR 13140 SW 2ND ST. MIAMI FL	FFICERS AND DIRE	if applicable. (NOTE CTORS DELETE	Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 Cl	Agent signature	corporation's required when PD NOVO 4851	ADDITIONS/CHANG		37 L5799 DATE ERS AND DIREC	g its registered s registered CTORS IN 12 nge Addition
SIGNATURE 12. ~ IITLE VAME STREET ADDRESS CITY-ST-ZIP IITLE	Lipht 1 Signature, typed or printed name PD NOVO, NESTOR 13140 SW 2ND ST. MIAMI FL SD	FFICERS AND DIRE	if applicable (NOTE CTORS	Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 Cl 2.1 Til	Agent signature LE ME REET ADDRESS IY-ST-ZIP	required where the second seco	an reinstating) ADDITIONS/CHANG NESTOR NW 99 CT L.FL 33178-1925		3/15/99 DATE ERS AND DIREC	g its registered s registered CTORS IN 12 nge Addition
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SIGNATURE: SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/15/99 Date

305-639-2561 Daytime Phone #