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 # L80967

LUIS A. SEGARRA, P.A.

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Principal Plac	ce of Business	Mailing Address			- 1 3,000,000,000,000,000,000,000,000,000,0	iil teel oloit oleik sioli oleit oloit	
5825 SUNSET	DR	5825 SUNSET DR			,		
SUITE 300 SUITE 300					20 1107 11101	T 111 T 110 001 0F	
S MIAMI FL 33143 S MIAMI FL 33143					3. Date Incorporated or Qualifed	E IN THIS SPACE	
03		03			06/18/1990	,	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applie	d For
21 26					65-0201954		plicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 Addi	tional	
22		27			3. Certificate of Status Desired	Fee Requir	red
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.00 May	
Zip	Country	Zip	Countr		Trust Fund Contribution	Added to Fe	ees
24	25.	29	30	у	This corporation owes the curre Personal Property Tax.	ent year Intangible ☐.Yes ☐1	No
24	9. Name and Address of Curre		1301		10. Name and Address of New R		
			81	1 Name	•		
TORRES, GREDNA M		95	Street Addre	ess (P.O. Box Number is Not Accepta	hla\		
5825 SUNSET DRIVE			82 Street Ad		ass (F.O. Box Number is Not Accepta	ole) 	*******
ì	TE 300		83	3		16年6月期間開	11.27
SOL	UTH MIAMI FL 33143		84	1 City	1 2 3 4 5 1 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	85 Zip Code	
						FL T	
11: Pursuant	t to the provisions of Sections 607.05	502 and 607.1508, Florida Statu e of Florida, Such change was a	tes, the abov	/e-named corpo / the corporation	pration submits this statement for the parties of the parties of directors. I hereby acceptions	ourpose of changing_its register the appointment as register.	istered ered
1 , 0,,,,,	regional agent, or court in the other	o or rioridal odon driango mas c				i ino appontament ao regiota	
agent. La	am familiar with, and accept the oblig	gations of, Section 607.0505, Flo	orida Statute:	s.		A Company of the Company	
agent. I a			orida Statute:	s.		•	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE	orida Statute: E: Registered Age	s.	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	
	Signature, typed or printed name of registered ag		E: Registered Age	s.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A	gent and title if applicable. (NOTE	E: Registered Age	S. ent signature required		ICERS AND DIRECTORS	 IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A PST SEGARRA, LUIS A	gent and title if applicable. (NOTE ND DIRECTORS DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME	S.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS	 IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A PST SEGARRA, LUIS A 5825 SUNSET DR. SUITE 300 S. MIAMI FL D	gent and title if applicable. (NOTE ND DIRECTORS DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CHY-5	s. ent signature required	ADDITIONS/CHANGES TO OFF	CICERS AND DIRECTORS	IN 12 Addition
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ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like empowered. 14. I hereby certify that the information supplied will this filing indicated on this annual report or supplemental annual report or of the corporation or the feet of least 12 or Block 13 if changed, or on an attact of annual report.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90022 042 ***150.00