Feb 22, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L96456

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Principal Place	e of Business	Mail	ing Address			T 1 2 2 1 2 1 2 1 2 1 3 1 3 1 3 1 3 1 3 1	11881
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FT LAUDERDAL	E FL 33330	FT U	AUDERDALE FL 33330			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	 -
						08/28/1990	
2. Principal P	lace of Business		Mailing Address			4. FEI Number Applied Fo	
21		26	7 4 4 ata			65-0216801 Not Applic	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required	iai
22 City & Stat		27	City & State			e Florion Compaign Financing \$5.00 May Bo	
23	e	28	ony a once			Trust Fund Contribution Added to Fees	1
Zip	Country			Country	,	This corporation owes the current year Intangible.	
24	25	29	· –	10		Personal Property Tax.	
<u></u>	9. Name and Address of Curren					10. Name and Address of New Registered Agent	
				81	Name	9	
	ALKGO, ANTONIO	א וחי	:11) 131 aug	2 82	Street	t Address (P.O. Box Number is Not Acceptable)	
HIDALKGO, ANTONIO -20132 N.W. 62ND AVENUE JOOI SW 131 augu MIAMI FL 33013 MUTAMAY, 41. 330			757	01.00.	(Addiess (r.o. Dox Maines is not need, and		
AHA:	MI FL 33015 つかし	-ami	ar, 41	83			
				84	City	■■ 85 Zip Code	
					'	FL	
11, Pursuant	to the provisions of Sections 607.050	2 and 607	1508, Florida Statutes	, the abov	e-named	d corporation submits this statement for the purpose of changing its register	red
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. tions of, S	. Such change was aut Section 607.0505, Floric	horized by da Statutes	the corpo s.	poration's board of directors. I hereby accept the appointment as registered]
SIGNATURE	, _						
SIGNATORE							•
	Signature, typed or printed name of registered ager		··	Registered Age	nt signature r	s required when reinstating) DATE	-
12.	OFFICERS AN		TORS	Registered Age	nt signature r	ADDITIONS/CHANGES TO DESICERS AND DIRECTORS IN	
12.	OFFICERS AN		··	13.	nt signature r	ADDITIONS/CHANGES TO DESICERS AND DIRECTORS IN	12 ddition
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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 attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

1-12/99 ·

954-680-1795 Daytime Phone # 382E034 (11/98