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 # M06186

EXITOUF	IS COMPANY, INC.					
Principal Place	of Business	Mailing Address		t indiadie ili natia delan tende enzia della ari	111 Atāti ālēti alati atāti	. 81611 1861
537 NW 44TH AVE 537 NW 44TH AVE MIAMI FL 33126				DO NOT WRITE IN T	HIS SPACE	
				3. Date Incorporated or Qualifed	113 01 700	
				10/09/1984		
2 Principal Di	ace of Business	2a. Mailing Address		4. FEI Number	Applie	ed For
z. Filikipai Fi	ace of Dusiness	26		59-2467878	Not A	pplicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.			\$8.75 Add	ditional
2	.,, 5.65	27		5. Certifcate of Status Desired	Fee Requ	ired
City & State		City & State		6. Election Campaign Financing	\$5.00 Ma	ay Be
3		28		Trust Fund Contribution	Added to F	ees
Zip	Country	Zip	Country	8. This corporation owes the current year	<u> </u>	
4	25	293	0	Personal Property Tax.	_ 	No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent	
DEO	HEIDO FOSE		81 Name	MURITO JOIAL	6015	
REGUEIRO, JOSE 537 NW 44TH AVE 82 Street Addry				es (P.O. Box Number is Not Acceptable))	
			53	1 NW YYTH AVE	· · · · · · · · · · · · · · · · · · ·	
MIAI	AI FL 33126		83			
			84 City		85 Zip Coo	de
			$ $ $ $ m_I		L " 3 3	126
.11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes of Florida, Such change was aut	the above-named corp thorized by the corporation	noration submits this statement for the purpose on's board of directors. I hereby accept the ap	e of changing its re- pointment as regis	distered
agent. I a	m familia with, and accept the bliga	tions of, Section 607.0505, Florid	da Statutes.		1.0 100	2
SIGNATURE	XINGL Z ISLA	unio			11497	
	Signafuse, typed attributed frame of registered ager OFFICERS AN	nt and little if applicable. (NOTE: R	Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 12
12.	PDST OFFICERS AN	DELETE	13. 1,1 DTLE	ADDITIONAL FIRM OLD TO OFF TOERS		Addition
TITLE	REGUEIRO, JOSE		1.2 NAME			
NAME	537 NW 44TH AVE		1.3 STREET ADDRESS			
STREET ADDRESS	MIAMI FL					
CITY-ST-ZIP	VP VP	☐ DELETE-	1.4 CITY-ST-ZIP 2.1 TITLE	DST	Change	Addition
TITLE	REGUEIRO, JORGE LEWIS		2.2 NAME	Paveiro Jorge Luis		
NAME	750 NW 35 CT		2.3 STREET ADDRESS	equeiro, Jorge Luis 150 MW 35 ct. niami Fl 33/		
STREET ADDRESS	MIAMI FL 33125		2.4 CITY-ST-ZIP	niam! E/ 33/	a. <	,-
CITY-ST-ZIP	MIAMI 7 L 33 123	☐ DELETE	3.1 TITLE		Change	Addition
TITLE			3.2 NAME			
NAME			33 STREET ADDRESS		:	(
STREET ADDRESS			34 CITY-ST-ZIP	• .	-	
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME		_ `	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		•	
			4.4 CiTY-ST-ZIP		· · · · <u> </u>	
CITY-ST-ZIP TITLE		☐ OELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS	l					
			5.3 STREET ADDRESS			Į.
			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	, 		
CITY-ST-ZIP		☐ DELETE			Change	Addition

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 changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90094 031 ***158.75