## 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 # 1. Corporation Name

LIMIN/EDGAL CAMBIOS INC

DIMINEUDAL	CHIMBIO2	IIAC

Principal Place of Busines	s
143 NE 3 AVE. MIAMI EL 33132	

Mailing Address

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90126 006 \*\*\*150.00



43 NE 3 AVE. MAMI FL 33132		143 NE 3 AVE. Miami Fl. 33132			DO NOT WRITE IN THIS	SPACE	
					Date Incorporated or Qualifed     12/30/1985		
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number	Applied For	
1		26			59-2615830	Not Applicable	
Suite, Apt. #, etc	C.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 4	Country	Zip	Cour	try	This corporation owes the current year Inta     Personal Property Tax.	ngibte ☑Yes ⊡No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROIF, LIL 1900 S. I MIAMI FL	MIAMI AVE.			Name Street Address Street Address	ess (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84 City

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	Registered Agent signature re	required when reinstating) DATE	·	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	RS IN 12
TITLE	DPST DELETE	1.1 TITLE	Ţ.,	] Change	☐ Addition
NAME	ROIF, LILIANS	1.2 NAME			
STREET ADDRESS	1900 S. MIAMI AVE.	13 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		] Change	☐ Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS		•	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE		] Change	☐ Addition
NAME		32 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP	·	3.4 CITY-ST-ZIP			
TITLE	☐ DELETE	41 TITLE		] Change	☐ Addition
NAME		4. 2 NAME		•	
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		) Change	☐ Addition
NAME		5.2 NAME		٠,	
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP		_	
TITLE	☐ DELETE	6.1 TITLE	[	] Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			
	ertify that the information supplied with this filing does not qualify for t	he exemption stated	d in Section 119 07(3)(i) Florida Statutes I further certify	that the in	formation

reflect certify that the information supplied with this limit does not quality for the exemption stated in Section 1.19.07(5)(f), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 open attachment with an address, with all other like empowered.

Daytime Phone #

85

Zip Code