PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 23, 1999 8:00 am Secretary of State 03-23-1999 90007 004 ***150.00

DOCUMENT # M25522 1. Corporation Name

IUM CD	RO, INC.						h h			
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Principal Place	of Business	Ma	ailing Address					OS OSPOSA CADAM DADA		HERT BREAK LEEPE
7400 SW 50TH			O SW 50TH TER	RRACE						
SUITE 205 SUITI			ITE 205						_	
MIAMI FL 33155		MIA	MIAMI FL 33155				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 01/08/1986			
2 Principal Pl	lace of Business	22.	Mailing Addres	ss			4. FEI Number		Ans	lled For
1		26					59-2628858	-		Applicable
Suite, Apt. #, etc.			Sulte, Apt. #, etc.				5. Certificate of Status Desired			
2		27							ee Rec	quired
City & State	9		-City & State -			ت- باستفتاد	- 6Election Campaign Financing	\$5		May Be
3	<u> </u>	28					Trust Fund Contribution		ddød to	Fees
Zip	Country		Zip	[27	Country	,	8. This corporation owes the current y	year Intangible Ye∏Ye		□No
1)	9. Name and Address of Currer	29 29	tered Acent	30	<u> </u>		Personal Property Tax. 10. Name and Address of New Regi			
	3. Hame and Address of Chiter	ir vedis	teran wilant		81	Name	10. Italia tilo Houses of Italia	otol on Algorit		
ESCI	o Benjamin m est				<u> </u>					
420	S DIXTE HWY #300				82	Street Add	Iress (P.O. Box Number is Not Acceptable))		
MIAN	AI FL 33146				83	-	<u> </u>			
						- CT-		lasi	Zip C	ode
					84	City		FL 85	ZIPC	oue .
SIGNATURE	to the provisions of Sections 607.050 agistered agent, or both, in the State in familiar with, and accept the obliga Signature, typed or printed name of registered age							MIE APPOINTMENT		
SIGNATURE	Signature, typed or printed name of registered age:	nt and little if	i applicable.		gistered Age		od when reinstating) C	ATE		
SIGNATURE		nt and little if	i applicable.	(NOTE: Re				ATE	ECTOR	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN PO EBRO, THOMAS C.	nt and little if	rapplicable. CTORS	(NOTE: Re	gistered Age 13.		od when reinstating) C	RS AND DIRI	ECTOR	RS IN 12
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