## 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 # M27560** 1. Corporation Name

**FILED** Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90056 022 \*\*\*158.75

Ties Tes	•	Mailing Address 5040 N.W. 7 STREET SUITE 100 MIAMI FL 33126			DO NOT WRIT		••	
2 Principal C	Place of Business	2a. Mailing Address			4. FEI Number		1 .	nelical for
		26			59-2643269	_	<u> </u>	opplied For lot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		·	39 2043209	/_		Additional
22	•	27			5. Certifcate of Status Desired			Required
City & Sta	te	City & State			6, Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		•	to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre	ent year Intar	ngible	
24	25	29	30		Personal Property Tax.		Yes	_□No
ji (i)	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	legistered A	gent	
	DOLD MODULAN		81	Name	•			
166	POLD, NORMAN 66 N.E. 19TH AVENUE		82	Street Addre	ess (P.O. Box Number is Not Accepta			1 1 2 2 2 2
	.114		83		1.24 4 4 4 4 4 4	1.8 102	1.3 43	身事業
(S) S NO	RTH MIAMI BEACH FL 33162		84	City		<u> </u>	85 Zip	Codé
				City		FL	03 24	Code
* D. P	Same of the same o	· · · · · · · · · · · · · · · · · · ·					<del></del>	
f if agent, I'a	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations of the control of	and 607.1508, Florida Statute of Florida. Such change was au lons of, Section 607.0505, Flori	es, the above-r thorized by th ida Statutes.	named corpor e corporation	oration submits this statement for the n's board of directors. I hereby accep		nanging it ment as r	s registered egistered
11. Pursuant office or agent, l'a	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations of the control of	ions of, Section 607.0505, Flori	es, the above-r ithorized by the ida Statutes. Registered Agent s		·		nanging it ment as r	s registered egistered
SIGNATURE	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	ons of, Section 607.0505, Flori and title if applicable. (NOTE: DIRECTORS	ida Statutes.		·	purpose of ch t the appoint DATE FICERS AND	DIRECT	ORS IN 12
SIGNATURE  12. TITLE	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligation of the state of the s	ons of, Section 607.0505, Flori and title if applicable. (NOTE:	Registered Agent si 13. 1.1 TITLE		when reinstating)	purpose of ch t the appoint DATE FICERS AND		ORS IN 12
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SIGNATURE  12. TITLE	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligati  Signature, typed or printed name of registered agent  OFFICERS AND  PD  ZARCO, ISIDORO  1350 S BISCAYNE POINT RD	ons of, Section 607.0505, Flori and title if applicable. (NOTE: DIRECTORS	Registered Agent si 13. 1.1 TITLE	gnature required v	when reinstating)	purpose of ch t the appoint DATE FICERS AND	DIRECT	ORS IN 12
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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 trusted 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 any attachment with an addiess, with all other like empowered.

SIGNATURE:

1 Isidono ZARCO 1/5/99