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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M52895

1. Corporation Name

FINI, INCORPORATED

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Principal Place	e of Business	Mailing A	Address				1 10519811	141 A111A 11841 (SIFE (.a., 6.4., a.,	:
6301 SW 4TH S		6301 SW	6301 SW 4TH ST								
MIAMI FL 33144			MIAMI FL 33144-3701				DO NOT WRITE IN THIS SPACE				
							3. Date Incorpo	rated or Qualifed		<u></u>	
	•		•				05/29/198		-		ļ
2 Principal D	lace of Rusiness	2a. Maitir	ng Address				4. FEI Number	<u> </u>		$-\tau$	Applied For
2. Principal Place of Business		<u> </u>	26				59-2815259			<u> </u>	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional				
22	ing and	27					5. Certificate of	Status Desired		. _{₹5} Fee	Required
City & State	8		& State				6. Election Can	npaign Financing	' _□		0 May Be
23		28					Trust Fund (Contribution	<u> </u>	Adde	d to Fees
Zip	Country	Zip	,	C	ountry			tion owes the cu	rrent year Int		d
24	25	29		30			Personal Pro			Yes	⊠ No
	9. Name and Address of Curr	rent Registered	Agent		-	<u>.</u>	10. Name and A	Address of New	Registered	Agent	
<u> </u>	EDO: LICÓZOD				81	Name	•				
	ERO, HECTOR				82	Street Add	dress (P.O. Box Num	ber is Not Accep	table)		
	1 SW 4TH ST							· · ·			
MIAI	MI FL 33144				83		•			•	•
	range en St				84	City		<u> </u>		85 Z	ip Code
	to the provisions of Sections 607.0]	•			<u> </u>	<u> </u>	
SIGNATURE	Signature, typed or printed name of registered										
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12.	OFFICERS	AND DIRECTOR	RS	1.	3.	t signature requir	red when reinstating) ADDITIONS/0	CHANGES TO O		ND DIREC	
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

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FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90144 031 ***150.00