PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M57057

1. Corporation Name

3-LM. INVESTMENT, INC.

30.10	P HATCOMMENT HAT	• • • •	- '	-		
Principal Place of Business Mailing Address					4 (98)001) (6) BIHI JABU PARA BINI SABI BIBIS BIBIL DIBIT GIBIT GIBIT GIBIT GIBIT GIBIT	
6330 WEST 21 COURT 6330 WEST 21 COURT						~
HIALEAH FL 33016 HIALEAH FL 33016						
						DO NOT WRITE IN THIS SPACE
	•					3. Date Incorporated or Qualifed 08/10/1987
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21						65-0075717 Not Applicable
Suite,	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired 5. Serbificate Of Status Desired 5. Ser
22						ree Required
	City & State City & State					6. Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution Added to Fees
Zip				Country		8. This corporation owes the current year Intangible Personal Property Tax Yes No
24	25	29	30			Tersonal Tropolity Tux.
9. Name and Address of Current Registered Agent				81	Name	10. Name and Address of New Registered Agent
MACHIN, JUAN M.				01	Name	<u> </u>
8115 NW 162 STREET				82	Street /	t Address (P.O. Box Number is Not Acceptable)
LUANUEL COOKS						
- , , , , , , , , , , , , , , , , , , ,				83		
				84	City	85 Zip Code
						FL S E S
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.						
SIGNATI	JRE					required when reinstation) DATE
	Signature, typed or printed name of registered age	ent and title if applicable. ND DIRECTORS		13.	nt signature n	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D .			1.1 TITLE	ĭ	Change Addition
			1.2 NAME			
NAME	0445 ANAL 460AID OT			TADDRESS		
STREET ADD	MANUEL 22016					
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	1-212	☐ Change ☐ Addition	
TITLE	1. TO 1. O.		2.2 NAME	ļ		
NAME	TOOT N. ALICHOTA DD			TADDRESS	,	
STREET ADD	ANALIS CL COOLE					
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP	☐ Change ☐ Addition	
TITLE			3.1 TITLE			
NAME	COAL MINI 404 TERR			3.2 NAME		
STREET ADD	BALANA EL COCAE			TADDRESS	5	
CITY-ST-ZIF			3.4. CITY-5	T-ZIP	☐ Change ☐ Addition	
TITLE	}	ان 🗀		4.1 TITLE		Cotatile / Accident
NAME				4. 2 NAME		
STREET ADD	RESS				TADDRESS	8
CITY-ST-ZIP				4.4 CITY-S	T-ZIP	
TITLE		□ Di	ELETE :	5.1 TITLE	Ì	☐ Change ☐ Addition

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

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

AUNITATORE REQUIRED
ATURE AND TYPED OR DERECTOR

DELETE

4-08-99

Daytime Phone #

Change

☐ Addition

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90134 021 ***150.00

3R2E034 (11/98)