Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90104 022 ***150.00

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

IN (EKN/	ATIONAL HATTAN HESOUR	CE, INC.									
Dringinal Diag	of Rusiness	· Mailing	Address					F 10010011 101 1011 45001 01111 1			
Principal Place of Business Mailing Address 1754 NW 82ND AVENUE 1754 NW 82ND STREET											
1754 NW 82ND AVENUE 1754 NW 82ND STREET 1754 N.W. 82ND AVENUE 1754 N.W. 82ND AVENUE											
MIAMI FL 33126 MIAMI FL 33126						ļ	DO NOT WRITE IN THIS SPACE				
US US `								 Date Incorporated or Qualifed 	l		Ì
								06/03/1988		1 14	
2. Principal Place of Business 2a. Mailing Address								4. FEI Number			pplied For ot Applicable
21			Ant # oto					65-0056617			Additional _
Suite, Apt.	#, etc.	. 🗀	s, Apr. #, etc.	. •		~ →	٠	5. Certifcate of Status Desired		7	equired
City & Stat	· · · · · · · · · · · · · · · · · · ·	27 City	& State					6. Election Campaign Financing		\$5.00	May Be
23	•	28						Trust Fund Contribution			to Fees
Zip	Country	Zip		Cou	ntry			8. This corporation owes the cur	Tent year Int	angible	
24	25	29		30				Personal Property Tax.		Yes	□No
<u>=-,1</u>	9. Name and Address of Currer		Agent				1	Name and Address of New	Registered	Agent	
					81	Name					
WARNER, KENNETH					82	Street /	Address	(P.O. Box Number is Not Accep	table)		,
1933 SW 27TH AVE						0.000			·		
MIAMI FL 33145					83					•	
				-	84	City				85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes									FL	. `	
SIGNATURE	m familiar with, and accept the obligation of th	ent and title if applic	able. (NOTE				required wh	en reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AN	ID DIRECT	ORS IN 12
TITLE	P		☐ DELETE	1,1 TiT	LE.					Change	
NAME	GAMBOA, RICARDO		•	1.2 NA	ME						
STREET ADDRESS	9179 FOUNTAINBLEU BLVD.,	STE. 4		1.3 ST	REET	ADDRESS					,
CITY-ST-ZIP	MIAMI FL 33172			1.4 CIT	Y-S1	T-ZIP	ļ				***
TITLE	EVP		☐ DELETE	2.1 TIT	uķ "	-				Change	☐ Addition
NAME	SISON, JAIME R			2.2 NA	ME	į	1				
STREET ADDRESS	9179 FOUNTAINBLEU BLVD.,	STE. 4		2.3 ST	REET	ADORESS					
CITY-ST-ZIP	MIAMI FL 33172		-	2.4 CI	TY-S	T-ZIP	1	<u> </u>		- 4 -4	
TITLE	T		☐ DELETE	3.1 TIT	LΕ					Change	Addition
NAME	SISON, MARIA L			3.2 NA	ME						
STREET ADDRESS	9179 FOUNTAINBLEAU BLVD.	, STE. 4		3.3 ST	REET	FADDRESS					
CITY-ST-ZIP	MIAMI FL 33172			3.4. CI		T-ZIP					A statistic
TITLE	S		DELETE	4.1 TI	LE.					☐ Change	Addition
NAME	WARNER, KENNETH			4.2 N							
STREET ADDRESS	1933 SW 27TH AVE			4.3 ST	REE!	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33145			4.4 CF		T-ZIP				Channe	☐ Addition
TITLE			☐ DELETE	5.1 TIT						☐ Change	☐ Addition
NAME				5.2 NA							
STREET ADDRESS				1		TADDRESS					
CITY-ST-ZIP				5.4 CF		T-ZIP		Wasama	<u>-</u>	广 Chanca	Addition
TITLE	,		☐ DELETE	6.1 TI		,				Change	. □ Audilion
NAME				6.2 NA							
STREET ADDRESS				6.3 ST	REET	T ADDRESS					

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 receive 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 affacting ent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Puke Required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 MARCH 1999 305 477-1963