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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90061 029 ***150.00

DCUMENT # MQ1859

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59 DR	999 NW 159 DR			}				
33169			}			10 0D40E		
	US	US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
				3, Date in 07/25	•	ieu	•	
	2a. Mailing Address			4. FEI Nu			I Ac	plied For
iace of business	26			65-00			}_ ~ ↓	t Applicable
Apt. #, etc.	Suite, Apt. #, etc.						\$8.75 Additional	
- A	27			5. Certifoa	ite of Status Desired	ø 🗆	Fee Re	equired
State	City & State			6. Election	Campaign Financi	ng □	\$5.00	May Be
	28			Trust F	und Contribution		Added	to Fees
Country	Zip	Country	7	8. This co	rporation owes the	current year		_
(25)	29	30			al Property Tax.		Yes	□No
g. Name and Address of C	urrent Registered Agent		T 41	10. Name	and Address of Ne	w Registere	d Agent	
BAREA, EDUARDO		81	Name					
2491 S.W. 12TH ST		82	Street Add	ess (P.O. Box	Number is Not Acc	eptable)		
MIAMI FL 33135			}					
MIAMI FL 33133		83]					
		84	City				. 85 Zip	Code
I am familiar with, and accept the d	opligations of, Section 607.0505, Fid	mga Statutes	s.		s this statement for irectors. I hereby ac		of changing its pointment as re	registered gistered
Signature, typed or printed name of register OFFICER	obligations or, Section 607.0505, Fic. red agent and title if applicable. (NOTE RS AND DIRECTORS	Registered Age	e-named corp the corporations.	d when reinstating)	s this statement for irectors. I hereby as	DATE	AND DIRECTO	DRS IN 12
OFFICER	red agent and title if applicable. (NOTE	Registered Age 13.	s.	d when reinstating)		DATE		
Signature, typed or printed name of register OFFICER DP BAREA, EDUARDO	obligations or, Section 607.0505, Fic. red agent and title if applicable. (NOTE RS AND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature require	d when reinstating)		DATE	AND DIRECTO	DRS IN 12
Signature, typed or printed name of register OFFICER DP BAREA, EDUARDO 2491 S.W. 12TH ST	obligations or, Section 607.0505, Fic. red agent and title if applicable. (NOTE RS AND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature require	d when reinstating)		DATE	AND DIRECTO	DRS IN 12
Signature, typed or printed name of register OFFICER DP BAREA, EDUARDO 2491 S.W. 12TH ST MIAMI FL	obligations or, Section 607.0505, Fic. red agent and title if applicable. (NOTE RS AND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature require	d when reinstating)		DATE	AND DIRECTO	DRS IN 12
Signature, typed or printed name of register OFFICER DP BAREA, EDUARDO 2491 S.W. 12TH ST MIAMI FL. DV	red agent and title if applicable. (NOTE RS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature require	d when reinstating)		DATE	AND DIRECTO	DRS IN 12 ☐ Addition
Signature, typed or printed name of register OFFICER DP BAREA, EDUARDO 2491 S.W. 12TH ST MIAMI FL DV BAREA, LELAINE	red agent and title if applicable. (NOTE RS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature require	d when reinstating)		DATE	AND DIRECTO	DRS IN 12 ☐ Addition
Signature, typed or printed name of register OFFICER DP BAREA, EDUARDO 2491 S.W. 12TH ST MIAMI FL DV BAREA, LELAINE 2491 S.W. 12TH ST	red agent and title if applicable. (NOTE RS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature require IT ADDRESS ST-ZIP	d when reinstating)		DATE	AND DIRECTO	DRS IN 12 ☐ Addition ☐ Addition
Signature, typed or printed name of register OFFICER DP BAREA, EDUARDO 2491 S.W. 12TH ST MIAMI FL DV BAREA, LELAINE	red agent and title if applicable. (NOTE RS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	nt signature require IT ADDRESS ST-ZIP	d when reinstating)		DATE	AND DIRECTO	DRS IN 12 ☐ Addition
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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 '2: 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 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 or Block 13 if changed, or or an attachment with an addresse, with all other like empowered.