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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

CHARAD	E PHOPERNES, INC.											
Principal Place	of Business	Ma	illing Address	···-				i indiadir iin idial Arrib irdal i	J((1) JEJ) BJBI( :		IJEKI ULA	
5201 BLUE LAG			n Blue Lagoon DR									
650		650										
MIAMI FL 33126 MIAMI FL 33126							DO NOT WRITE IN THIS SPACE					
US		US					3.	Date Incorporated or Qualifec	İ			1
								08/22/1988			T	
2. Principal Pl	ace of Business	2a.	Mailing Address				4.	FEI Number		<u> </u>	<del>                                     </del>	ied For
21		26						<u>98-0064289</u>		<u> </u>	ь	Applicable
Suite, Apt. :	#, etc.		Suite, Apt. #, etc.				5.	Certifcate of Status Desired			<b>/ D</b> Ad e Requ	ditional
22	Sant Sant Sant Sant Sant Sant Sant Sant	27									<del></del>	
City & State	9 ·	$\vdash$	City & State				6.	Election Campaign Financing		•	. <b>00</b> м ded to	, ,
23		28	7!n	Col	ıntry	<del> </del>	+-	Trust Fund Contribution			Jed to	rees
Zip	Country		Zip		iiiu y		8.	This corporation owes the cur Personal Property Tax.	rent year in	langible ☐ Yes	Г	JNo │
24	25	29 29 nt Besiet	tarad Agant	30	Г		10	Name and Address of New	Registered			
	9. Name and Address of Currer	nt Regisi	falen Walle		81	Name	10.	. Italie did recessor or reces	· · · · · · · · · · · · · · · · · · ·			
ARA	ZOZA, CARLOS F.											
	MADEIRA AVENUE				82	Street Ad	ldress (F	P.O. Box Number is Not Accep	table)			
	AL GABLES FL 33134				83							
0011	THE WILLES I E SO IO I				00							
	:				84	City			FL	85	Zip Co	ode
11 Pursuant 1	to the provisions of Sections 607,050	02 and 60	07.1508, Florida Statu	ites, the a	bove	e-named co	rporatio	n submits this statement for the	e purpose o	r changin	gits re	egistered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	a. Such change was	authorize	ועסנ	the corpora	rporation ation's bo	n submits this statement for the oard of directors. I hereby acce	a purpose o ept the appo	t changin intment a	ig its regi	egistered stered
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CITY-ST-ZIP 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:

Daytime Phone #