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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

CLIMENT 4 NIA 407

Y, INC. Principal Place of Business	Mailing Address		
1899 NW 64 STREET MIAMI FL 33147-7433	Y. INC. 1899 NW 64 STREET MIAMI FL 33147 US		
2. Principal Place of Business	2a. Mailing Address		

FILED Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90004 041 ****70.00

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Y, INC.							
Principal Place of Bu	Business	Mailing Address		-		•	
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MIAMI FL 33147-7433		1899 NW 64 STREET					
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		US					-
2. Principal Place of	of Business	2a. Mailing Address		3. Date incorporated or Qua	lifed		
21		26		04/15/1986	٠	• • •	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Арр	lied For
22		27		65-0141980			Applicable
City & State	**	City & State		5. Certificate of Status Desir	ed 🗶	\$8.75 A	
23		28			*/	·	quired
Zip	Country	Zip	Country	6. Election Campaign Finan	cing 🗆	\$5.00 to Added to	•
24	Name and Address of Current R	29 30	<u> </u>	Trust Fund Contribution 10. Name and Address of N	lew Registered		,
3.	Hame and Modiess of Carrelle K	aling on whole	81 Name	110210 200	A . N !	,	
SANDERS, HAT	fue i		B2 Street 4	dress (P.O. Box Number is Not Ac	centable)		
8410 N.W.31S			82 Street Ad		Ceptable)	. <u></u>	
MIAMI FL 3314			83				
MIXIMI 12 50(4)			84 City			85 Zip C	ode
' '	•		" m	AMI	· FL	331	50.245
11. Pursuant to the	provisions of Sections 617.0502 a ered agent, or both, in the State of F	nd 617.1508, Florida Statutes	, the above-named cor	rporation submits this statement for	r the purpose of	changing its r	registered istered
CC			IOILEGG DY LING COIDOIG	mon a board of difference in the coal	TOOP'S ALPPON		
office or registe	niliar with, and accept the obligation	s of, Section 617.0503, Florid	a Statutes.	•			ŀ
office or registe agent. I am fair SIGNATURE	filiar with, and accept the obligation	un Right	a statutes.	ተ			
office or registe agent. I am fam SIGNATURE	ture, typed or printed name fregistered against an	d title if applicable. (NOTE: R	a Statutes. Out of Control of Co	ired When reinstating) ADDITIONS/CHANGES TO	DATE		
office or registe agent. I am fam SIGNATURE SIGNATURE 12.	ure, typed or printed name if registered agent am	d title if applicable. (NOTE: R	a statutes.	ired When reinstating)	DATE		
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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 617, 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.

1 10 99 (305) 691-1661