FILE NOW: FILING FEE IS \$61.25

NONPROFIT : CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 05, 1999 8:00am Secretary of State

02-05-1999 90023 029 ****61.25

DOCUMENT # N32208

1. Corporation Name

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Principal Place	of Business	Mailing Address	-	COMPANIES AND CHAIR HOLD HOLD COMPANIES LESS CARDS	OTOTA OTOTA OLOGI SISTI BISTA ICOL		
691 EAST 27 S	т	691 EAST 27 ST	•				
MIAMI FL 36301		HIALEAH FL 33013			afoli bibit dian aren eran for		
US		US			,		
	<u>.</u>						
		2a. Mailing Address		3. Date incorporated or Qualifed			
2. Principal Pla	ace of business	¬		05/10/1989			
21		Suite, Apt. #, etc.		4. FEI Number	Applied For		
Suite, Apt.		–		65-0119354	Not Applicable		
22		City & State		5 Certificate of Status Desired	\$8.75 Additional		
City & State				5. Certificate of Status Desired	Fee Required		
23		28 Zip	Country	6. Election Campaign Financing	\$5.00 May Be		
Zip	Country		30	Trust Fund Contribution	Added to Fees		
24		29	30	10. Name and Address of New Register	ed Agent		
	9. Name and Address of Current Re	gistered Agent	81 Name				
	The first of the		<u> </u>	A Description			
RAFAEL: 1	MIRO CONTROL TO SEE SEE	**************************************	82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	•		
6291 S.W.	6 STREET		83				
MIAMI FL			63		 		
			84 City		85 Zip Code		
				orporation submits this statement for the purpos ation's board of directors. I hereby accept the a	of changing its registered		
SIGNATURE	Signature, typed or printed name of registered agent an OFFICERS AND I	- 	E: Registered Agent signature req	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12		
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NAME	MIRO, CARLOS RAFAEL		2.3 STREET ADDRESS	·			
STREET ADDRESS			2.4 CITY-ST-ZIP				
CITY-ST-ZIP	MIAMI FL	☐ DELETE	3.1 TITLE		Change Addi		
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NAME	SIMON, MARIO		3.3 STREET ADDRESS				
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1	SD SANTANA. ORLANDO	☐ DELETE	5.2 NAME				
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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 comporation 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, of or an attachment with an address, with all other like empowered.

SIGNATURE:

Dayline Photo Tipe Name of Signing Officer or Director