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**PROFIT** CORPORATION ANNUAL REPORT 2001

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**  May 16, 2001 8:00 am Secretary of State 05-16-2001 90390 015 \*\*\*150.00

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| DOCU<br>1. Corporal            |  | 0000146  | 4/                               |  |  |  |                               |                           |
|--------------------------------|--|--|----------------------------------|--|--|--|-------------------------------|---------------------------|
| FA                             | NY CORP.   |  |                                  | , •  |  | . A00  | 6828                          | <b>S</b> atur             |
| Principal Pla                  | ace of Business  | Mailing Address  |                                  | <del></del>  |  | or the best train                              |                               | 學家語                       |
| 129415W117 ST 129415W11        |  |  |                                  | 7.   | 1 :  |  | الرقي من أراق                 | The France                |
|                                |  | 10741-   | . 00                             | 10%  |  |  |                               |                           |
| MIAMI, FLORIDA MIAMI FL 3318   |  |  |                                  | 18-6   | DO NOT WRITE IN THIS SPACE   |  |                               |                           |
| 1111141                        | 77/7/201017  | •  |                                  |  | 3. Date Incorporated of  |  |                               |                           |
| 2 Daireigal                    | 33186  |  |                                  |  |  | 5-2000   |                               |                           |
| 2. Principal Place of Business |  | 2a. Mailing Address  |                                  |  | 4. FEI Number  | クフノフノハ   | <b></b>                       | Applied For               |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc.  |                                  |  | 05-07  | 971710   |                               | lot Applicable            |
|                                |  |  |                                  | 5. Certificate of Status   | Desired  |  | Additional                    |                           |
| City & State                   |  | City & State   |                                  | 4 5) # = S   |  |  | Required                      |                           |
|                                |  |  |                                  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees   |  |  |                               |                           |
| Zip Country                    |  | Zip Country  |                                  | <del> </del>   |  |  | IU FOUS                       |                           |
| 77                             | 25   |  | 30                               |  | 8. This corporation ow<br>Personal Property T  | •  | ∏ Yes                         | □No                       |
| · .                            | 9. Name and Address of Current   |  | 1                                |  | 10. Name and Address   |  |                               |                           |
|                                |  |  | 81                               | Name   |  |  |                               |                           |
| = 17/12                        | 10 CASTELLAN   | <b>-</b>   | <u> </u>                         |  |  |  |                               |                           |
| 1204                           | 11 SW 117 ST   |  | 82 8                             | Street Addres  | ss (P.O. Box Number is N   | ot Acceptable)                                 |                               |                           |
| -                              |  | 101  | 83                               |  |  |  | · · · · · ·                   |                           |
| niA                            | MI, FL 331   | 86   |                                  |  | <u> </u>   | * * * * * * * * * * * * * * * * * * *          |                               | '                         |
|                                |  |  | 84 (                             | City ,   |  | C I  | ··· 85 Zip                    | Code                      |
| 44:5                           |  | 1007 1500 51 11 01   |                                  | ·  |  |  | •                             |                           |
| 11. Pursuant                   | t to the provisions of Sections 607.0502 a<br>registered agent, or both, in the State of | and 607.1508, Florida Statutes<br>Florida, Such change was aut   | s, the above-n<br>horized by the | amed corpor  | ation submits this statema<br>'s board of directors. I he  | ent for the purpose of<br>reby accept the appo | changing its<br>intment as re | s registered<br>egistered |
|                                | m familiar with, and accept the obligatio  |  |                                  | 0 00,00,00   |  | ooy accops the appear                          |                               |                           |
| SIGNATURE                      | t contract to the second to the second   | The second of th |                                  | . :  |  |  | . 412.                        |                           |
|                                | Signature, typed or printed name of registered agent a                                   |  | tegistered Agent sig             | Sustinus Ledniced A  |  | DATE   |                               |                           |
| 2.                             | OFFICERS AND   |  | 13.                              | <del></del>  | ADDITIONS/CHANGE   | S TO OFFICERS AN                               |                               |                           |
| ITLE                           | Emilio CASTE   | DELETE   | 1.1 TITLE                        | ŀ  |  |  | Change                        | Addition                  |
| AME                            | EMILIO CASIE   | - FANOS  | 1.2 NAME                         | - 1  |  |  |                               |                           |
| TREET ADDRESS                  | 12941500 117   | 5/4  | 1.3 STREET AD                    | DRESS  |  |  |                               |                           |
| TY-ST-ZIP                      | MIAMI, FL.   | 33186  | 1.4 CITY-ST-ZII                  | Р  |  |  |                               |                           |
| 1LE                            |  | ☐ DELETE   | 2.1 TIFLE                        |  |  |  | ☐ Change                      | Addition                  |
| AME                            | <b>!</b> • ,   | •  | 2.2 NAME                         |  |  |  |                               |                           |
| TREET ADDRESS                  |  |  | 2.3 STREET ADI                   | DRESS  |  |  |                               |                           |
| TY-ST-ZIP                      | 1 *  |  | 2.4 CITY-ST-Z                    | 1  |  |  |                               |                           |
| TLE                            |  | ☐ DELETE   | 3.1 TITLE -                      |  | <del></del>  |  | ☐ Change                      | Add:tion                  |
| AME                            |  |  | 3.2 NAME                         | _  |  |  |                               |                           |
| IREET ADDRESS                  | · ·  |  | 3.3 STREET AD                    | Nocce  | k  |  |                               |                           |
| TY-ST-ZIP                      |  |  | 3.4. CITY-ST-ZI                  | l l  |  |  |                               |                           |
| TLE                            | <del>                                     </del>   | ☐ DELETE   | 4.1 TITLE                        |  | ······································   |  | ☐ Change                      | ☐ Addition                |
| WE                             | Į.   |  | 4. 2 NAME                        |  |  |  |                               |                           |
|                                | '  |  |                                  | DDC00  |  |  |                               |                           |
| REET ADDRESS                   |  | •  | 4.3 STREET ADD                   | - 1  |  |  |                               |                           |
| Y-ST-ZiP                       |  | DELETE   | 4.4 CITY-ST-ZIF<br>5.1 YITLE     | <del>'</del>   |  | <del></del>                                    | ☐ Change                      | Addition                  |
|                                | · . ·  | in outline   | 5.1 MILE                         |  |  |  | . Change                      |                           |
| WE                             | · · · · · · · · · · · · · · · · · · ·  |  | 5.3 STREET ADD                   | NOE E E  |  |  | •                             | . ,                       |
| REET ADDRESS                   |  | I II UNL HETTE   | 5.4 CITY-ST-ZIP                  | The College of the Co | ericania.<br>Antonio de la compania de la compani   |  |                               |                           |
| Y-ST-ZIP:                      |  | DELETE   |                                  | <del></del>  |  |  | Chanac                        | - Addison                 |
| LE .                           |  | The period of the party of the  | 6.1 TITLE<br>6.2 NAME: q         | بانسم  |  |  | Change                        | Addition                  |
| ME                             |  | and the same same  | Tremane: ct                      | ur Green   | the state of the s | · · · · · · · · · · · · · · · · · · ·          |                               | 3010                      |

thereby 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.

8.4 CITY-ST-ZIP

6.3 STREET ADDRESS