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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P28922

1. Corporation Name

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90228 010 ***158.75

	CTA, ING.									
Principal Place of	Rusiness	Mailing Address					181 ELFO EFIO	DAR HIEL DIRIL	ANDIA BIBRI WADII B	1851 8181) 1881
, , , , ,		2665 SOUTH BAYSHORE DR	IVE						•	
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COCONUT GROVE FL 33133 COCONUT GROVE FL 3313					DO NOT WRITE IN THIS SPACE					
						ate Incorporate	d or Qualifed			
						<u>)4/16/1990 </u>				
2. Principal Place	e of Business	2a. Mailing Address				El Number				plied For
21		26			7	<u>76-0268209</u>				t Applicable
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.			5-0	ertificate of Stat	us Desired		\$8 <u>-</u> 75-	
22		27							Fee Re	 _
City & State		City & State			-	lection Campaig			\$5.00	•
23		28				rust Fund Conti			Added t	o Fees
Zip	Country	Zip	Country	•		his corporation		rent year In		□
24	25	29 3	30			Personal Propert			Yes	□No
9	Name and Address of Current Re	egistered Agent			10. N	Name and Addr	ess of New	Registered	Agent	
0.7.00	DODODATION OVETEN		81	Name		•				
	DRPORATION SYSTEM		82	Street	Address (P.C	D. Box Number i	s Not Accept	able)		
	OUTH PINE ISLAND ROAD		<u> </u>							
PLANIA	ation FL 33324		83	ł						
			84	City			•		85 Zip (Code
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l office or regis	the provisions of Sections 607 0502 ar stered agent, or both, in the State of F	-Ionda, Such change was aut	inonzea by	the corpo	oration's boa	rd of directors.	hereby acce	pt the appo	pintment as re	gistered
office or regis agent. I am fa SIGNATURE	the provisions of Sections 607.0502 at stered agent, or both, in the State of F 'amiliar with, and accept the obligation mature, typed or printed name of registered agent and	londa. Such change was aut is of, Section 607.0505, Floric	inonzed by da Statutes	tne corpo	required when rein	nstating)	nereby acce	DATE	Millione as io	
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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 enhowered 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 all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

305 8**58** 7749