Applied For

Fee Required

\$5.00 May Be Added to Fees

Not Applicable \$8.75 Additional

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300000501

1. Corporation Name

0745 S.W. 74 COI Mami Fl 33156	URT	10745 S.W. 74 COURT				
		10745 S.W. 74 COURT MIAMI FL 33156				
<u> </u>		2a. Mailing Address				
· · · · · · · · · · · · · · · · · · ·		26				
Suite, Apt. #, e		Suite, Apt. #, etc.				
Suite, Apt. #, e						

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90210 028 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

12/28/1992 4. FEI Number

65-0380295

5. Certifcate of Status Desired

Trust Fund Contribution

6. Election Campaign Financing

8. This corporation owes the current year Intangible

24	25	29	30			Personal Property Tax.	•	☐ Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of	New Registered	Agent	
GOLDENBERG, BERTHA M 10745 S.W. 74TH CT. MIAMI FL 33156					Name				
					Street	Address (P.O. Box Number is Not	Acceptable)		
				84	City		FL	- .	Code
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	if Florida. Such chang	ge was autho	rized by 1	the compo	corporation submits this statement pration's board of directors. I hereb	for the purpose of y accept the appo	f changing its intment as re	registered egistered
SIGNATURE		<u> </u>					DATE		
	Signature, typed or printed name of registered agent		(NOTE: Regi		t signature n	equired when reinstating) ADDITIONS/CHANGES		NO DIRECTO	DRS IN 12
12.	OFFICERS AN		LETE	13.	-	ADDITIONS/CHANGES	TO OFFICERS A	Change	Addition
TITLE NAME	GOLDENBERG, CARLOS J		LETE	1.2 NAME				change	<u></u>
STREET ADDRESS	10745 S.W. 74 COURT			1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33156			1.4 CITY-ST	-ZIP		<u> </u>		
TITLE		□ DE	LETE	2.1 TITLE				Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET	ADDRESS				
CITY-ST-ZIP				2. 4 CITY-S	T-ZIP				
TITLE		□ DE	LETE	3.1 TITLE				☐ Change	☐ Addition
NAME				3.2 NAME					
STREET ADDRESS			f	3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4. CITY-S	T-ZIP				
TITLE		□ DE	LETE	4.1 TITLE				☐ Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY-ST	-ZIP				
TITLE		☐ DE	LETE	5.1 TITLE				Change	· Addition
NAME			1	5.2 NAME					
STREET ADDRESS				5.3 STREET					
CITY-ST-ZIP	•			5.4 CITY-S1	- ZIP				
TITLE		□ DE	LETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY-ST					
14. I hereby of indicated	certify that the information supplied wit on this annual report or supplemental	n this filing does not of annual report is true a	qualify for the and accurate	exemption and that	on stated my sign	ature shall have the same legal eff	atutes. I further ce ect as if made und	der oath; that	information I am an

SIGNATURE: Carlos J. Goldenberg 4/29/99 (305)662-2/25

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A 1/29/99 (305)662-2/25