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

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P93000009581

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 06, 1999 8:00 am Secretary of State

05-06-1999 90230 025 ***150.00

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Principal Place	e of Business	Mailing Address					6101 1101 1891
8880 N.W. 7TH	the state of the s	8880 N.W. 7TH AVE.					
MIAMI FL 33147 MIAMI FL 33147							
					DO NOT WRITE IN TI	HIS SPACE	
					3. Date Incorporated or Qualifed		i
					02/04/1993	- · · · · · · · · · · · · · · · · · · ·	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	- - - - - - - - - -	lied For	
21		26		65-0404389		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ac Fee Req		
		27					<u>'</u>
L '	te	City & State			6. Election Campaign Financing	\$5.00 N	
Zip	Country	Zip	Country		Trust Fund Contribution	Added to	rees
<u> </u>					8. This corporation owes the current year		ا ۱
24	9. Name and Address of Curre		80		Personal Property Tax. 10. Name and Address of New Register		
	o. Name and Address of Cure		81	Name		<u> </u>	
THO	DMAS, MARY						
5201 FLAGER ST.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
HOL	LYWOOD FL 33302		83				
ĺ							
			84	City		85 Zip Co	ode
11 Durauant	to the manipion of Eastings 607.06	502 and 607 1508 Florida Statutes	the above	-named.com			egistered
office or r	egistered agent, or both, in the State	e of Florida. Such change was aut	horized by t	the corporation	oration submits this statement for the purpose in's board of directors. I hereby accept the ap	pointment as regi	istered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607,0505, Florid	a Statutes.				
SIGNATURE	Signature, typed or printed name of registered as						1
		sent and title if applicable (NOTE: F	Registered Agent	signature requirer	d when reinstating) DATE		
12.	OFFICERS A		Registered Agent	signature required		AND DIRECTOR	RS IN 12
12.	OFFICERS A	jent and title if applicable. (NOTE: F ND DIRECTORS DELETE		signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
	VD	AND DIRECTORS	13.	signature requirer			
TITLE NAME	VD THOMAS, DORENE S	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME				
TITLE NAME STREET ADDRESS	VD THOMAS, DORENE S 2412 WILEY ST	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET;	ADORESS			
TITLE NAME	VD THOMAS, DORENE S 2412 WILEY ST HOLLYWOOD FL	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADORESS			
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR FRATED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: