## Feb 23, 1999 8:00 am Secretary of State 02-23-1999 90014 017 \*\*\*150.00

## 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 # P93000022252

1. Corporation Name

15950 C	ORPORATION								
Principal Place	e of Business	Mailing Address				T ISMITANT IND PRINT FELLE EBITAL A	AIIL RAILI ARLIA		1111 1101 1001
4381 S.W. 100TH TERRACE PO BOX 540528		<del>-</del>							
DAVIE FL 33328		OPA LOCKA FL 33054							
US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						03/24/1993			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	,	<u> </u>	olied For
21		26	•			65-0398231		<del></del>	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	· 🗆	\$8.75 A		
22		27					Fee Re	<u>'                                    </u>	
City & State		City & State			6. Election Campaign Financing		\$5.00		
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Count	try		8. This corporation owes the cur	тепt year Int		т.,
24	25	29	30			Personal Property Tax.	D 7.4		□No
	9. Name and Address of Curren	t Registered Agent		31 1		10. Name and Address of New	Registered	Agent	
CAD	R, JOY ESQ		"	51 r	lame				
			8	32 5	Street Addre	ess (P.O. Box Number is Not Accept	table)		
1000 PONCE DE LEON #320		_							
			8	33					
CORAL GABLES FL 33134			84 City		City			85 Zip C	ode
			- 1		-		FL	•	
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida. Such change was a	tes, the about authorized b	ove-n by the	amed corpo e corporatio	oration submits this statement for the on's board of directors. I hereby acce	ept the appoi	ntment as reg	jistered
agent. Fai	m familiar with, and accept the obliga	tions of, Section 607.0505, FX	onua Statut	es.		•			
agent. Fai				es.	gnature required	when reinstating)	DATE		
agent. Fai	Signature, typed or printed name of registered ager			es.	gnature required	t when reinstating) ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12
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CITY-ST-ZIP 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 of the receiver or trusted 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 all address, with all other the empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS