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

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90110 020 ***150.00

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	A A - 10 A al al an an
Principal Place of Business	Mailing Address
790 N.W. 72ND ST. Miami Fl. 33150	790 NW 72ND STREE MIAMI FL 33150
2. Principal Place of Business	2a. Mailing Address
ন .	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
3	28
Zip Country	Zip
25	29
9. Name and Address of C	urrent Registered Agent

	1 !
lailing Address	
90 NW 72ND STREET	
IAMI FL 33150	

•	-	

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed 03/29/1993	;
4. FEI Number	Applied For
65-0410656	Not Applicable
5. Certifcate of Status Desired	\$8.75 Additional Fee Required
 6. Election Campaign Financing	\$5.00 May Be

	Personal Property Tax.		∐ Y∈	s No
	10. Name and Address of New Regis	tered /	Agent	
81	Name		•	
82	Street Address (P.O. Box Number is Not Acceptable)		•	
83				
84	City	C۱	85	Zip Code

8. This corporation owes the current year Intangible

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

30

SIGNATURE	Signature, typed or printed name of registered agent and til	is if applicable (NOTE: R	enistered Agent signature r	equired when reinstating) DATE				
12.	OFFICERS AND DIF		gistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	DPST	☐ DELETE	1.1 TITLE		☐ Change	Addition		
NAME	MESA, LUIS F		1.2 NAME		•			
STREET ADDRESS	8213 NW 201 TERR.		1,3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY-ST-ZIP					
TITLE	VP	☐ DELETE	2.1 TITLE	ONDES HOOD	Change	· Addition		
NAME	MESA, JOSE		2.2 NAME	ANDRES MESA	~ <i>^</i>	İ		
STREET ADDRESS	8213 NW 201 TERR		2.3 STREET ADDRESS	ANDRES HESA 8213 NW 201 TEVIA MIANI FL 3301	رد ج	P		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-\$T-ZIP	MIANI FL 3301	1-	·		
TITLE	S	☐ DELETE	3.1 TTLE		Change	☐ Addition		
NAME	RODVIGO, VERA		3.2 NAME		<u></u>			
STREET ADDRESS	8213 NW 201 TERR		3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33015		3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition		
NAME	*		4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE	•	☐ DELETE	5.1 TITLE		Change	Addition		
NAME .	, + =		5.2 NAME					
STREET ADDRESS			5.3 STREET ADORESS		-			
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition		
NAME	`,	-	6.2 NAME		•			
STREET ADDRESS	,		6.3 STREET ADDRESS			Į		
CITY-ST-ZIP			6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing indicated on this annual report or supplemental a mual report of iterior of the corporation of the receiver or trusted Block 12 or Block 13 if changed on an attachment with a supplemental process. does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

4-28-99 (30)694-1391
Davime Phone #