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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

03-04-1999 90247 035 ***158.75

1. Corporation	MENT # P93000 RNANDEZ ENTERPRISES						
Principal Place	e of Business	Mailing Address					D:017 D111 1851
20000 SW 216 ST 20000 SW 216 ST							
MIAMI FL 33170 MIAMI FL 33170				DO NOT WRITE IN THIS SPACE			
US		U\$			3. Date Incorporated or Qualified	., AUL	
					05/10/1993		}
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Aı	pplied For
21		26			NOT APPLICABLE		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
22		City & State					 -
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
23 Zip	Country	Zip	Count	try	This corporation owes the current year Inta		
24	25	<u>├</u> ── '	30	•	Personal Property Tax.	Yes	□No
	9. Name and Address of Curre				10. Name and Address of New Registered A	gent	
LIFF	ALANDEZ AMANI		8	Name			
	NANDEZ, VIVIAN DE QUE 12ATH DI ACE		8	32 Street Add	dress (P.O. Box Number is Not Acceptable)		
25525 SW 124TH PLACE MIAMI FL 33032			_	22			
IAIN-/IA	m 1 E 0000E		18	33			
			8	34 City	FL	85 Zip	Code
		4.54	S, LIIO DO	ova namoa so:	poration submits this statement for the purpose of o	tmont as	agictored
agent. I a	im familiar with, and accept the oblig	te of Florida. Such change was au gations of, Section 607.0505, Flori gent and title if applicable (NOTE:	ithorized to ida Statut Registered A	by the corporat es.	tion's board of directors. I hereby accept the appoint	iment as re	egistered
agent. I a SIGNATURE 12.	m familiar with, and accept the oblic Signature, typed or printed name of registered as OFFICERS A	te of Florida. Such change was au gations of, Section 607.0505, Flori gent and title if applicable (NOTE:	ithorized to ida Statute Registered A	by the corporat	tion's board of directors. I hereby accept the appoin	DIRECTO	egistered
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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 accurage 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR DIRECTOR DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR