FILE NOW: FILING FEE AFTER MAY 7ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90127 004 ***158.75

DOCUMENT # P93000048003

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City & State City & Country Zip	Suite, Apt.	#, etc.	Suite, Apt. #, etc	•		5. Certificate of Status Desired	⋈ \$		
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Zip Country Zip Country Zip Country St. This corporation were the current year Intanglible Personal Property Tax. Yes No.	·	•		•		1			
9. Name and Address of Current Registered Agent ORIZONDO, CARLOS I 8820 SW 57TH ST. MIAMI FL 33173 10. Name and Address of New Registered Agent 81		Country		Country	/	8. This corporation owes the curre	nt year Intangit	ole	
10. Name and Address of Current Registered Agent		25	29 30						□No
ORIZONDO, CARLOS I 8820 SW 57TH ST. MIAMI FL 33173 84 City FL 85 Zip Code 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 heroby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered office of the property of the property agent of directors. I heroby accept the appointment as registered offices. In Interpretation of the provision of Section 607,0505, Piorida Statutes, the above-nemedication of directors. I heroby accept the oppointment as registered offices. I heroby accept the oppointment as registered of the property and office the purpose of the purpose		9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Ager	nt	
8820 SW 57TH ST. MIAMI FL 33173 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 85 87 87 88 88 88 88 88 88	0.01	TONIDO CABILOO I		81	Name		,		
MIAMI FL 33173 83	·				Street Addr	ess (P.O. Box Number is Not Acceptab	ole)		
State Part						·			
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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Specific or printed name of registered agent authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent altered or registered agent suprature required when reinstating) DATE	MIAR	WI FL 331/3		83	'	4.			
T1. 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, and part the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NOTE Registered Agent signature required when reinstating) DATE	-	•		84	City	· · ·	FI 85	Zip C	ode
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Interestly accept the appointment as registered agent, are both, in the State of Florida. Such change was authorized by the corporation's board of directors. Interestly accept the appointment as registered agent, are both, in the State of Florida. Such change was authorized by the corporation's board of directors. Interestly accept the appointment as registered agent, are both, in the State of Florida. Such change was authorized by the corporation's board of directors. In the supplication of the product of the political state of Florida. Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE 1.2 NAME ORIZONDO, CARLOS I STREET ADDRESS CITY-ST-ZP MIAMI FL 33173 TITLE DELETE 2.1 TITLE T DELETE 3.1 TITLE TITLE T DELETE 4.1 TITLE T DELETE 5.1 TITLE T	11 Dureuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes, t	he abov	e-named corp	oration submits this statement for the p	urnoce of char	iging its r	egistered
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD ORIZONDO, CARLOS I 12.NAME STREET ADDRESS 8220 S.W. 57TH ST. 13.STREET ADDRESS 8220 S.W. 57TH ST. 22.NAME DE LA O, ARTURO 22.NAME STREET ADDRESS 8220 S.W. 57TH ST. 23.STREET ADDRESS 8220 S.W. 57TH ST. 33.STREET ADDRESS 8220 S.W. 57TH ST. 34.CITY-ST-2IP TITLE DELETE 1.TITLE DELETE DELETE 1.TITLE 1.TI	office or re	egistered agent, or both, in the State	of Florida. Such change was author	rized by	the corporation	on's board of directors. I hereby accept	the appointme	nt as reg	istered
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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 of 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 clock 13 if changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP