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 # P93000061501

1. Corporation Name

Principal Place of Business	Mailing Address	
2105 S.W. 123RD CT. MIAMI FL 33175	2105 S.W. 123RD CT. MIAMI FL 33175	
2 Principal Place of Business	2a. Mailing Address	
2. Principal Place of Business	2a. Mailing Address	
	—	
Suite, Apt. #, etc.		
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	
Suite, Apt. #, etc. City & State	26 Suite, Apt. #, etc.	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc. 27 City & State	

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90009 033 ***150.00

Principal Place of Business Mailing Address					I HERITED THE COURT (III) WELL WALL STATE AND A STATE OF THE COURT OF						
2105 S.W. 123RD CT. 2105 S.W. 123RD CT.											
MIAMI FL 33175 MIAMI FL 33175						DO NOT MUSTE IN THE SEASE					
						DO NOT WRITE IN THIS	SOFAL	<u>,</u> E	_		
ı						3. Date Incorporated or Qualifed 09/02/1993					
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ар	plied For		
21			<u>ـ درونيد</u> مرسييسمري			65-0435287		No	t Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		Additional			
22 27 City & State City & State			itate			5. Certificate of Status Desired	<u></u>	Fee Required			
						6. Election Campaign Financing \$5.00 Ma					
23		Zip Country				Trust Fund Contribution Added to Fees					
Zip	Country					8. This corporation owes the current year Ir					
24	25	29	30			Personal Property Tax.	XY		□No		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent				
			8	1	Name						
GUE	rra, rene jr		8	1	Ctroot Addre	ss (P.O. Box Number is Not Acceptable)					
2105	S.W. 123RD CT.		18	2	Street Addres	ss (P.O. Box Number is Not Acceptable)	•				
MIAN	/II FL 33175		8	3							
			8	4	City	F	85	Zip (Code		
44 Dumugat	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	s, the abo	ve.	-named comor	ration submits this statement for the purpose of	f chang	ing its	registered		
office or n	edistared agent, or both, in the State o	r Florida. Such change was au	tnorizea d	IV I	іле согроганоп	's board of directors. I hereby accept the appo	ointmen	t as re	gistered		
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statute	2S .		•					
SIGNATURE	Signature, typed or printed name of registered agent	ALOTE &	Spaintness As		t signature required v	when reinstation) DATE					
	OFFICERS AND		13.	Join	Signature required t	ADDITIONS/CHANGES TO OFFICERS A	ND DIE	ECTO	RS IN 12		
12.	D	DELETE	1.1 TITLE	:		ADDITIONAL STREET			· Addition		
TITLE .	-		1.2 NAME		1			_			
NAME	GUERRA, RENE JR										
STREET ADDRESS	2105 S.W. 123RD CT.				ADDRESS						
CITY-ST-ZIP	MIAMI FL 33175			1.4 CITY-ST-ZIP				hange	[] Addition		
TITLE	D	☐ DELETE	2.1 TITLE					nange	Addition		
NAME	Guerra, Christina L Jr		2.2 NAMI	Ε					 .		
STREET ADDRESS	2105 S.W. 123RD CT.	بهالانتاء الهاماني اللهاادات	2.3 STRE	ĒΤ	ADDRESS	·			Ì		
CITY-ST-ZIP	MIAMI FL 33175		2.4 CITY	-ST	T-ZIP						
TITLE	7750	☐ DELETE	3.1 TITLE	=				hange	☐ Addition		
NAME			3.2 NAM	E							
STREET ADDRESS			3.3 STRE	ET.	ADDRESS						
			3.4. CITY								
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	_	· sell			hange	Addition		
			4. 2 NAM				_	-			
NAME					ADDRESS						
STREET ADDRESS					ADORESS						
CITY-ST-ZIP		C DELETE	4.4 CITY		- ZIP			hange	Addition		
TITLE		☐ DELETE	5.1 TITLE					u lau i g C			
NAME			5.2 NAM			•	•				
STREET ADDRESS					ADDRESS	•					
CITY-ST-ZIP	<u></u>		5.4 CITY		/-ZIP						
TITLE		☐ DELETE	6.1 TITLE	=		•		hange	☐ Addition		
NAME			6.2 NAM	E							
CYDEET ADDRESS	\		6.3 STRE	ΕT	ADDRESS						

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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

