## 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 # P9300066276

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90034 027 \*\*\*158.75

1. Corporation	ACILITY, INC.	0002.0							
Principal Place of Business Mailing Address							1100 1101 100		
9970 SW 30TH		9970 SW 30TH STREET							
MIAMI FL 33165		MIAMI FL 33165							
						DO NOT WRITE IN THIS SPACE	CE		ı
•						3. Date Incorporated or Qualifed 09/20/1993			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	Appli	ed For	
21		26				65-0450933	Not A	Applicable	•
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				\$1	3.75 Ad		ĺ
22		27				5Certificate_of.Status_Desired	Fee Requ	ilred	==
City & State	)	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intangib	le		
24	25	29	30			Personal Property Tax.	es 🗀	]No	
	9. Name and Address of Current	Registered Agent		Γ.		10. Name and Address of New Registered Agen	t 📐		
				81	Name				]
QUARANTA, RENATO				82	Stroot Add	ress (P.O. Box Number is Not Acceptable)			ì
	SW 30TH STREET		62 Suee:			(1,0. Dox Humber to Her Hoodpuble)			
MIAN	/II FL 33165			83					
							Zip Co	٠.	ł
			-	84	City	FL  85	Zip Co	œ .	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligati	if Florida. Such change was a	iutnonze(	י עם כ	une corporau	poration submits this statement for the purpose of chan on's board of directors. I hereby accept the appointmen	ging its re nt as regis	gistered stered	
SIGNATURE	•						· · · · · · · · · · · · · · · · · · ·		Į.
	Signature, typed or printed name of registered agent			Agen	t signature require	d when reinstating) DATE	PECTOR	C IN 12	13
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DI	Change	Addition	1
TITLE	PTD	☐ DELETE	1.1 Ti			Ш	Nignige		( :
NAME	QUARANTA, RENATO		1.2 N		ł				L
STREET ADDRESS	••••		1.3 \$	TREET	ADDRESS				Įį
CITY-ST-ZIP	MIAMI FL			ITY-\$1	r-ZIP		<b>3</b> L	□ Addition	1
TITLE	VD	☐ DELETE 2.11		TLE		, LI	Change	☐ Addition	Ι'
NAME	CADRECHE, MARINA		2.2 N	AME					İ
STREET ADDRESS	9970 SW 30TH STREET		2.3 \$	TREET	ADDRESS	ادر از در المحسور الرابع الأراب الرابعي في الأمال عليها الأراب المالية الأمال عليها الأمال المالية الأمال الم		ه مرید س	İ
CITY-ST-ZIP	MIAMI FL		2.40	CITY-S	T-Z:P				ļ
TITLE		☐ DELETE	3.1 T	ΠLE			Change	☐ Addition	
NAME			3.2 N	AME		•			1
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP			3.4. 0	HTY-S	T-ZIP				1
TITLE		DELETE	4.1 T	MLE			Change	☐ Addition	
NAME	•	•	4.21	IAME				•	
STREET ADDRESS			4.3 \$	TREET	ADDRESS	•			1

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 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CFTY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

□ DELETE

Change

Change

☐ Addition

☐ Addition