FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90011 008 ***150.00

	1999	DIVISION OF CO	ORPORATIONS		
DOCUL 1. Corporation	MENT # P9300 ANLYN EXPO	00072694 RT OORP. /	,	- Annti - 8	
Principal Place	e of Business	Mailing Address	<u> </u>		
				DO NOT INDITE IN THE CRACE	
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	—— <u> </u>
				10/11/93	
 2. Principal P 21 /65 	Place of Business NE ZO314 TE		03rd TERN	4. FEI Number 65 - 04736// Not Applied Not App	icable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	
City & State 23 ///	emi FL	City & State	FL-	6. Election Campaign Financing \$5.00 May 8 Trust Fund Contribution Added to Fee	
Zip _	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	e
24 331	79 25 MIAMI-DA	W 29 33/79	30 MI AMI-UA		
	9. Name and Address of Curre	ent Registered Agent	04 1	10. Name and Address of New Registered Agent	
Ma	11/11/11/1/1/	IATO	81 Name		
1114	RLYN V. KN	PATO	82 Street	Address (P.O. Box Number is Not Acceptable) #P 79	
			83	3 NE 203 1CICC. FOOT	
. !					
•			84 City	1/Ann FL 85 Zip Code 3 3 1 -	73
11_ Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the purpose of changing its regi-	stered
- office or i	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change was at	utnorized by the corp	poration's board of directors. I hereby accept the appointment as regist	erea
ago		dations of Section 607,0303, Fibi	rida Statutes.		
-		gations of, Section 607.0303, Floi	rida Statutes.		
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE	: Registered Agent signature		- 6
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE	: Registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	Addition (Control of the Control of
SIGNATURE 12. TITLE	Signature, typed or printed name of registered at	geni and title if applicable. (NOTE ND DIRECTORS DELETE	Registered Agent signature 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	Addition 8
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as	geni and title if applicable. (NOTE ND DIRECTORS DELETE	Registered Agent signature 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	(26/01) 450 Addition (26/01) 450
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered at	geni and title if applicable. (NOTE ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	PSE034 (10/97)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Signature, typed or printed name of registered at	gent and title if applicable. (NOTE: ND DIRECTORS DELETE ILANAFO	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	29 Addition CR2E034 (10/97)
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4. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, 110/ther certify that I am an indicated on this annual repert 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.

SIGNATURE:

SYMMETURE REQUIRED

4/30/99 (305)999-0029