Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

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

**PROFIT CORPORATION** ANNUAL REPORT

1999

3191 CORAL WAY **SUITE 1010** MIAMI FL 33145



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90071 024 \*\*\*150.00

## DOCUMENT # P93000077920

1. Corporation Name

Principal Place of Business	Mailing Address			
3325 SW 132 ST Miami FL 33156 JS	8325 SW 132 ST MIAMI FL 33156 US			
2. Principal Place of Business	2a. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State			
Zip Country	Zip Country			
zip country				

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

,	a. This Corporation owes the content year inte	a. This Corporation owes the current year intelligible						
	Personal Property Tax.	Ye	s 🏿 No					
	10. Name and Address of New Registered A	gent						
81	Name							
82	Street Address (P.O. Box Number is Not Acceptable)							
83								
84	City	85	Zip Code					

11/10/1993 4. FEI Number

65-0450245

5. Certifcate of Status Desired

Trust Fund Contribution

Election Campaign Financing

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 of the corporation's board of directors. I bereby accept the appointment as registered

n familiar with, and accept the obligations of, Section 60	7.0505, Florida	a Statutes.		<b></b>		
Total Variable	(MOTE) De	section of the original transfer	oguired when rejectation		DATE	<del></del>
	DELETE	1.1 TITLE			Change	☐ Addition
· <del>-</del>		1.2 NAME				
	DELETE	2.1 TITLE			Change	☐ Addition
		2.2 NAME				
		2.3 STREET ADORESS				
		2.4 CITY-ST-ZIP				
	DELETE	3.1 TITLE			Change	☐ Addition
		3.2 NAME				
		3 3 STREET ADDRESS				
		3.4. CITY-ST-ZIP				
	DELETE	4.1 TITLE			Change	☐ Addition
		4. 2 NAME				
		4.3 STREET ADDRESS				
		4.4 CITY-ST-ZIP				
	DELETE	5.1 TITLE			Change	Addition Addition
		5.2 NAME				
		5.3 STREET ADDRESS				
		5.4 CITY-ST-ZIP				
	DELETE	6.1 TITLE			Change	☐ Addition
		6.2 NAME				
		6.3 STREET ADDRESS				
		6.4 CITY+ST-ZIP				
	in familiar with, and accept the obligations of, Section 60 Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  PD  CASANOVA, JR J R 8325 SW 132 ST  MIAMI FL	in familiar with, and accept the obligations of, Section 607.0505, Floridal Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  PD  DELETE  CASANOVA, JR J R  8325 SW 132 ST	in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    OFFICERS AND DIRECTORS   13.	in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature, typed or printed name of registered agent and title if applicable.	Tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent segnature required when reinstating)   OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   1.1 TITLE	Change   C

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 poort 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 charged, or on appatiactyment with an address with all other like empowered.

SIGNATURE: