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 # **P93000084382**

NATIONAL INVESTMENTS OF DADE COUNTY INC.

Principal Place of Business									
%	MARCIA	B.	CABALLERO						

2450 SW 137TH AVE., SUITE 221 MIAMI FL 33175

Mailing Address

% MARCIA B. CABALLERO 2450 SW 137TH AVE., SUITE 221 MIAMI FL 33175

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

05-13-1999 90006 008 ***150.00



DO NOT WRITE IN THIS SPACE

							3. Date incorporated or Qualified					
2 Principal B	Place of Business	2a, Mailing Add	raec				12/10/1993 4. FEI Number		$\overline{}$	Applied For		
⊢ , '	22. Walling Address						65-0453721		H	Applied For Not Applicat	nia.	
			pt. #. etc.						\$8.7	75 Additional	716	
22 27							5. Certifcate of Status Desired			e Required	İ	
City & State City & State						6. Election Campaign Financing		\$5	00 May Bo			
23							6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip				Country	,		8. This corporation owes the current year Intangible					
24	25 29 30			٥			Personal Property Tax. Yes No					
	9. Name and Address of Curren	it Registered Agent	•				10. Name and Address of New Regi	stered A	gent			
					81 Name							
CABALLERO, MARCIA B					S	Street Addres	s (P.O. Box Number is Not Acceptable)					
	SW 137TH AVE				82 Street Address (P.O. Box Number is Not Acceptable)							
	E 221			83	ļ							
MIAI	VII FL 33175			84	<u> </u>	City			85	Zip Code	-	
				1	`	Jily .		FL		Lip Code		
							ation submits this statement for the purp				1	
	egistered agent, or both, in the State im familiar with, and accept the obliga					e corporation	's board of directors. I hereby accept the	з арроіліі	nent a	s registered		
SIGNATURE												
	Signature, typed or printed name of registered agen		(NOTE: Reg	jistered Ager	t sig	nature required wh	hen reinstating) D	ATE			_	
12.				13.			ADDITIONS/CHANGES TO OFFICE					
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NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1.2 NAME			084					
STREET ADDRESS							876 SW 56TH STREET, S	UITE	132	<u> </u>		
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NAME	FERNANDEZ, BARBARA L		ľ	22 NAME								
STREET ADDRESS				2.3 STREET ADDRESS]			876 SW 56TH STREET, S	UITE	132	!		
CITY-ST-ZIP							<u>AMI, FL 33175</u>					
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NAME				3.2 NAME								
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CITY ST. ZID			•	64 CITY-ST		I						

e temption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an cure this report as required by Chapter 607, Florida Statutes; and that my name appears in the fike empowered. 14. I hereby certify that the ink

SIGNATURE

LUIS FERNANDEZ, PRES.