Applied For Not Applicable

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

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 # P93000086718

Principal Place o	f Business	Mailing Address					
2655 LE JEUNE R STE. 1107 CORAL GABLES F	OAD	2655 LE JEUNE ROAD STE. 1107 CORAL GABLES FL 33134					
2. Principal Plac	e of Business	2a. Mailing Address					
 1	•	26					
Suite, Apt. #,	etc.	26 Suite, Apt. #, etc.					
21	etc.						

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90041 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

12/20/1993 4. FEI Number

65-0455337

4	25	29	30			Personal Property Tax.	☐ Yes	<u> </u>	No
	9. Name and Address of Current	Registered Agent		\Box		10. Name and Address of New R	egistered Agent		
	`			81 1	Name				
MIR,	HECTOR J			82 5	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
2655	S LE JEUNE ROAD			`	street Add	TESS (F.O. DOX HUITIDOF IS HOLVIDOOPIC	5.07		
STE.	. 1107			83					
COR	IAL GABLES FL 33134						Tall	7:- 0	- d a
	•			84 0	City	•	FL 85	Zip Co)QB
11 Dursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statut	es the	L above-n	amed corr	poration submits this statement for the	purpose of changing	ng its r	egistered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change was a	uthorize	ed by the	e corporati	ion's board of directors. I hereby accep	t the appointment	as regi	stered
SIGNATURE		- Low- of	· Coninters	od Agent pi	anntura caquire	ed when remstating)	DATE		
12	Signature, typed or printed name of registered agent a OFFICERS AND		: Registere		anarara radriiri	ADDITIONS/CHANGES TO OFF		CTOF	S IN 12
12.	OFFICERS AND	DELETE		TITLE	Į.		Cha		Addition
TITLE	MID HECTOR I			NAME	1	•	-	-	
NAME	MIR, HECTOR J	7			100500		•		
STREET ADDRESS		i		STREET AL	- 1		•		
CITY-ST-ZIP	CORAL GABLES FL	☐ DELETE		CITY-ST-Z	<u> </u>		∏ Cha	ange	Addition
TITLE	DVS .	☐ OFFEIE		TITLE				90	
NAME	MIR, CONSUELO C	_		NAME	- 1				
STREET ADDRESS	1	7 2 2	: 2.3 €	STREET AD	DRESS	**			!
CITY-ST-ZIP	CORAL GABLES FL		2.4	CITY-ST-Z	ZIP				☐ Addition
TITLE		☐ DELETE	3.11	TITLE			Chi	ange	Magillon
NAME			3.21	NAME					
STREET ADDRESS			3.3 9	STREET AL	ODRESS				
CITY-ST-ZIP			3.4.	CITY-ST-Z	ZIP				
TITLE		☐ DELETE	4.11	TITLE			Chi	ange	☐ Addition
NAME			4.2	NAME					
STREET ADDRESS			4.3 9	STREET AL	DORESS				
CITY-ST-ZIP	, ,		4,4 (CITY-ST-Z	IP	•			
TITLE	4.1	☐ DELETE	5.1	TITLE			☐ Ch.	ange	Addition
NAME			5.21	NAME	Ì				
STREET ADDRESS			5.3	STREET AL	DORESS				
CITY-ST-ZIP .			5.4	CITY-ST-Z	IP				
TITLE	The state of the s	☐ DELETE	6.1	TITLE			Ch:	ange	Addition
NAME 2			6.21	NAME					
4.4	A CONTRACTOR		6.3	STREET AL	DDRESS				
STREET ADDRESS				CITY-ST-Z					
CITY-ST-ZIP	certify that the information supplied with	this fiting does not qualify for	r the ev	emption	stated in	Section 119.07(3)(i), Florida Statutes, I	further certify that	the in	formation
indicated	on this annual report or supplied with director of the cornoration or the receiv	nnual report is true and acci	urate an	id that m	ıv sıqnatur	re shan nave the same legar ellect as it	made under oaus	ulatra	aiii aii

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: