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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000088642

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Principal Place		· ·							
90 EDGEWATER APT 414	R DR	90 EDGEWATER DR. APT 414							
CORAL GABLES FL 33133 CORAL GABLES FL 3313						DO NOT WR	ITE IN THIS	SPACE	
us us					3	<ol> <li>Date Incorporated or Qualifed</li> </ol>	i		
						12/09/1993			
2. Principal Pl	lace of Business	2a. Mailing Address			4	I. FEI Number		<u> </u>	lied For
21		26				65-0457065			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5	. Certifcate of Status Desired		\$8.75 A	
22		27							<u>:                                    </u>
City & State	e	City & State			۱	<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>		\$5.00 M Added to	
23	Country	Zip	Country		<del></del>	I. This corporation owes the cu	root vaar In		71 003
Zip	Country	<b>├</b> ── '	30		'	Personal Property Tax.	irent year in		□No
24	9. Name and Address of Current	29 Agent	[30]		10	). Name and Address of New	Registered	Agent	
	3. Name and Address of Christia	. regiotorea rigeria	81	Name					
VIZC	ARRA, SALVADOR			<u> </u>		(D.O. D. Marster & Not Assess	4-1-1		
	DGEWOOD DR., APT 414		82	Street	Address	(P.O. Box Number is Not Accep	table)		•
	IAL GABLES FL 33133		83						
	_		L.						
			84	,			FL	85 Zip C	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statul	tes, the abov	e-named	corporati	on submits this statement for th	e purpose of	changing its r	registered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligat	of Florida. Such change was a ions of, Section 607.0505, Flo	iutnorized by orida Statutes	tne corp	oration s	board of directors, i hereby acco	sht tile appo	munein as reg	natered
· •									}
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered Ager		required wher	n reinstating)	DATE	ND DIRECTOR	PS IN 12
SIGNATURE	OFFICERS ANI	t and title if applicable. (NOTE	Registered Age			ADDITIONS/CHANGES TO O			
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SIGNATURE  12. TITLE NAME	OFFICERS AND D VIZCARRA, SALVADOR	t and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME	nt signature (	Pres	additions/changes to o ident a E. Vizcarra	FFICERS A		
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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.

6.4 CITY-ST-ZIP

SIGNATURE: