FILED Apr 19, 1999 8:00 am Secretary of State

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 POCUMENT # PO4000020150

1. Corporation	A TRADING CORP.	<b>JEU 103</b>	,				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal Place of Business Mailing Address						:	JUETO (81) 1881
3565 N.W. 36 STREET 3565 N.W. 36 STREET SUITE G-702 SUITE G-702							
MIAM) FL 33142 MIAMI FL 33142				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 03/16/1994		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		olied For
21 26					65-0537016		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	I	
City & State City & State					6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
28							
Zip Country Zip			Country			tangible	
24	25	29 30	<b>5</b>		Personal Property Tax.		□No }
	9. Name and Address of Current				10. Name and Address of New Registered	Agent	
			81	Name			
Martinez, lea .			82	Ctroot Add	roon (D.O. Boy Number is Not Acceptable)		
3565 N.W. 36 STREET			62	Street Address (P.O. Box Number is Not Acceptable)			
SUITE G-702							
MIAMI FL 33142							
				City	FL	85 Zip C	ode
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	gistered Age		oration submits this statement for the purpose o on's board of directors. I hereby accept the appo		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	C Addition
NAME	MARTINEZ, LEA						•
STREET ADDRESS				TADDRESS		•	,
CITY-ST-ZIP	MIAMI FL 33142		1.4 CITY-S	T-ZIP			
TITLE	DS DELETE 2.1					Change	Addition
NAME	MIRANDA, RONALDO J						]
STREET ADDRESS				TADDRESS	_		Í
CITY-ST-ZIP				ST-ZIP	And the second of the second o		
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3 2 NAME				}
STREET ADDRESS	RESS 3.3 S			TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE	DELÉTE 4.1					Change	☐ Addition
NAME		-	4, 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE	]		Change	Addition \
NAME			5.2 NAME				-
STREET ADDRESS				TADDRESS			
GIT-BI-ZIF				ST-ZIP			
		□ nei ete	61 TITLE	1		Change	1 Addition

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 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 changes, or or an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R2E034 (11/98)