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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000023536 1. Corporation Name

MSI OF MIAMI, CORPORATION

Principal Place	of Business	Maiting Addre	ess				- 			A HISTOR BEAT LOOP
16295 NW 13TH	1 AVENUE	16295 NW 13	TH AVENUE							
UNIT B		UNIT B	•				DO NOT WRIT	TE IN THIS	SPACE	
⊢MIAMIFL 33169 ⊢US)	MIAMI FL 331 US	69				Date Incorporated or Qualifed	12 11 11 110	0.702	
US		03					03/28/1994			ļ
2. Princinal Pla	ace of Business	2a. Mailing A	ddress				4. FEI Number		Ap	plied For
21		26					65-0481551		No	t Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt	t. #, etc.				5. Certifcate of Status Desired		\$8.75	
22		27					3. Certificate of otatos aconto		Fee Re	
City & State	•	City & Sta	ate				6. Election Campaign Financing		\$5.00	
23		28		Countr			Trust Fund Contribution		Added t	o rees
Zip	Country	Zip	3(y		This corporation owes the curr Personal Property Tax.	ent year into	angible ∐Yes	□No
24	9. Name and Address of Curre	29 29 Age		<u>v </u>			10. Name and Address of New F	Registered /		
	3. Name and Address of Confe	in registe to rigo		81	1 N	ame				
COB	ER CORPORATE AGENTS INC			82	2 6	-oot Addro	ess (P.O. Box Number is Not Accepta	able)	*	_
	SOUTH BAYSHORE DRIVE			64	2 5	reet Addre	ess (P.O. Box Number is Not Accepte	abie)		
	1 FLOOR			83	3					
MIAI	AI FL 33133			84	4 C	tv			85 Zip (Code
						-		<u> </u>		
11. Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, F	lorida Statutes	the above	ve-na	med corpo	pration submits this statement for the n's board of directors. I hereby accep	purpose of the appoin	changing its ntment as re	registered gistered
agent. I ar	n familiar with, and accept the obliga	ations of, Section 60	07.0505, Florid	la Statute	s.	oo por a	,			Ĭ
SIGNATURE										
								DATE		
L	Signature, typed or printed name of registered age	 	(NOTE: R		ent sign	ature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO	DRS IN 12
12.	OFFICERS AI	ND DIRECTORS	(NOTE: R	13.		ature required	I when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	DRS IN 12
12.	OFFICERS AF	ND DIRECTORS		13.		ature required				
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12. TITLE NAME	OFFICERS AT DPS COLONOMOS, BENJAMIN 16295 NW 13TH AVE. UNIT N MAIMI FL	ND DIRECTORS		13. 1.1 TITLE 1.2 NAME	ET ADD					
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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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: