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 # PQ4000023828

| Principal Place of Business 5826 SW 15TH STREET MIAMI FL 33144 | | Mailing Address | | | |
|----------------------------------------------------------------------|------------------------|-------------------------------------|--------------|--------|--|
| | | 5826 SW 15TH STRE MIAMI FL 33144 | ET | | |
| 2. Principal Place | of Business | 2a. Mailing Address | | | |
| Suite, Apt. #, etc | | Suite, Apt. #, etc | . | | |
| 22 | · | 27 | | | |
| City & State | | City & State | | | |
| 23 | | 28 | | | |
| Zip | Country | Zip | Co | ountry | |
| | 25 | 29 | 30 | | |
| 24 | Name and Address of Ci | | | _ | |

FILED Jan 21, 1999 8:00am **Secretary of State**

01-21-1999 90008 046 ***150.00



Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

03/29/1994 4. FEI Number

65-0475826

| 41 | | 25 | [29] | 30 | | | Personal Property Tax. | | LJ 163 | |
|---------------------|--------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------|--------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------|----------------------|
| | | 9. Name and Address of Cur | rent Registered Agent | | Ш. | | 10. Name and Address of | New Registere | d Agent | |
| | | | | | 81 | Name | | | | |
| | HERN | NANDEZ, LUIS | | | 00 | Chanal Adda | non (D.O. Bay Number in Not A | coentable) | | |
| 5826 SW 15TH STREET | | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| MIAMI FL 33144 | | | | | 83 | | · · · · · · · · · · · · · · · · · · · | | | รี (1 ลายาวส์ว |
| | ***** | | | | | | | <u> </u> | | <u>. 213. 35. 44</u> |
| | | | | | 84 | City | | | 85 Zip (| Code |
| ** - *** · | | <u>*</u> | | ÷ | ot | | | <u>_</u> | L | |
| | HIGO OF TO | to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl | ate of Florida, Such chanc | e was authorize | ea ov | tne corporatio | oration submits this statement t n's board of directors, I hereby | or the purpose accept the app | or changing its pointment as re | gistered |
| | ATURE | | | | | | | | | |
| 0,0,, | , 51.12 | Signature, typed or printed name of registered | | (NOTE: Register | ed Agen | t signature required | when reinstating) | DATE | | 200 111 40 |
| 12. | | OFFICERS | AND DIRECTORS | 13 | l | | ADDITIONS/CHANGES | O OFFICERS | | |
| TITLE | | D . | ☐ DE | LETE 1.1 | TITLE | | A STATE OF THE STA | | ☐ Change | ☐ Addition |
| VAME | | HERNANDEZ, LUIS | | 1.2 | NAME | | | | | |
| | ADDRESS | 5826 SW 15TH STREET | | | STREET | ADDRESS | | | | |
| | | MIAMI FL 33144 | | | CITY-ST | T-7/P | | | | |
| CITY-S | I-ZIP | D . | □ DE | | TITLE | | | | ☐ Change | ☐ Addition |
| | į | | | | NAME | | | | | |
| NAME | İ | HERNANDEZ, EMILY | | | | | | | | |
| STREE | ADDRESS | 5826 SW 15TH STREET | , , | | 2.3 STREET ADDRESS | | • | • | • | |
| CITY-S | T-ZIP | MIAMI FL 33144 | | | CITY-S | T-ZIP | | | ☐ Change | Addition |
| TITLE | | $\mathbf{D}_{\kappa^{*}+1}$ | , DE | LEIE 3.1 | TITLE | | | | □ Cliange | |
| IAME | | HERNANDEZ, RODOLFO | | 3.2 | NAME | | | | | |
| STREE | ADDRESS | 5826 SW 15TH STREET | | 3.3 | STREET | TADDRESS | • | | | \$ 1 m |
| CITY-S | T-Z I P | MIAMI FL 33144 | | 3.4. | CITY-S | T-ZIP | | | | |
| TITLE | | | ☐ DE | LETE 4,1 | TITLE | | | | Change | ☐ Addition |
| IAME | | *: | | 4.2 | NAME | · | | | | |
| | ADDRESS | | | 43 | STREET | ADDRESS | | | | |
| | · · | • | | | CITY-S | | | | | |
| CITY-S | 1-ZIP | | Пре | | TITLE | 1-211 | | | Change | ☐ Addition |
| TITLE | | | | | NAME | | • | | | _ |
| VAME | | | | | | T ADDRESS | | | | |
| STREE | TADDRESS | t. | | | | | | | | |
| CITY-S | T-ZIP | | | | CITY-S | 1-2112 | | | Charas | Addition |
| TITLE | 1 | | | | TITLE | | | | ☐ Change | L. Auuillon |
| NAME | | | | 6.2 | NAME | | | | | |
| STREE | TADDRESS | | | 6.3 | STREET | FADDRESS | | | | |
| CITY. S | T. 7IP | | | | CITY-S | | . <u> </u> | | | |
| 44 | | certify that the information supplied on this annual report or suppleme | t with this filing does not o | ualify for the ex | empti | ion stated in S | Section 119.07(3)(i), Florida Sta | tutes. I further | certify that the | information |

MERNANDEZ 1-4-99

305 342-7754