## PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## 1999 PO 4000025103

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90063 002 \*\*\*150.00

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MIAMI FL 33155 MIAMI FL 33155					1	DO NOT WRIT	E IN THIS	SPACE	
					3. Date Incorpor 04/01/199				
2 Data-in-1 O	lace of Business	2a. Mailing Addr			4. FEI Number			Ap	plied For
		26	•••		65-04793°	15		<u> </u>	t Applicable
21   Suite, Apt.	# etc.	Suite, Apt. #	etc.					\$8.75	dditional
22	.,	27			5. Certifcate of 9	Status Desired	L	Fee Re	quired
City & Stat	9	City & State			6. Election Cam	paign Financing		\$5.00	May 8e -
23		28		-	Trust Fund C	ontribution		Added t	o Fees
Zip	Country	Zip		Country	· · · · · · · · · · · · · · · · · · ·	ion owes the cum			
24	25	29	30	<u> </u>	Personal Pro				□No
	9. Name and Address of Current	Registered Agent			10. Name and A	ddress of New R	legistered A	gent	
COX	ISUELO, AZCOY M			81 Name	MARIAC	5 A	LM	ON	
	S.W. 261H ST.			82 Street	Address (P.O. Box Numb	er is Not Accepta	tble)		
	MLFL 33133			461	<u>43 SW 3</u>	70 CUL	174	SULTO	<del></del>
PALLESE	91 FL 33133			83					
				84 City				85 Zip (	
ı <u></u>				-	VAM/_		FL	<u> </u>	2/6
11. Pursuant office or r	to the previsions of Sections 607.050; egistered agent, or both, in the State of m samillar with and acceptate obligat	and 607.1508, Flori of Elerida, Such chan	ga Statutes, ga was autho 1505. Elocida	onized by the corpo	corporation submits this i	s. I hereby accer	t the appoin	tment as re	gistered
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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(3XI), 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 807. 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.

SIGNATURE:

MATURE AND DIFFEU OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Dale

Daytime Phone #