## 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 # P94000028387

1. Corporation	n Name					
AVILES I	INVESTMENT CO.					
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Principal Place	e of Business	Mailing Address		T (\$\$)14\$1 (\$\$ 1\$)14 (\$ 438) BEST BOTH \$600 6	#11#   ##   # ## (11#1 1#:	111 1881 1881
7855 N.W. 12TH	H ST.	7855 N.W. 12TH ST.				•
SUITE 202	•	Suite 202			aaa=	
MIAMI FL 33120	6	MIAMI FL 33126		DO NOT WRITE IN TH	HIS SPACE	·
;				3. Date Incorporated or Qualifed 04/13/1994		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Appli	ied For
21	·	26		65-0491037	~	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad	
22		27			Fee Requ	
City & State	e	City & State		6. Election Campaign Financing  Trust Fund Contribution	\$5:00 M Added to	, ,
Zip	Country	Zip	Country	8. This corporation owes the current year		]No .
24	25	11	30	Personal Property Tax.  10. Name and Address of New Register		1100
	9. Name and Address of Current		81 Name	10. Name and Address of New Register	eu Agent	
RUD	OLDH DONALD W					
A/5 9500	SOUTH DADELAND BLVD. #308		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
MIAN	MI FL 33156		83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A SECTION
				一	<b>新一位,在第一位</b>	196,34
,			84 City	- 12 T - 13 C - 13 C - 14 C -	85 Zip Co	ode "
44 Dureupht	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	s the above-named corr	poration submits this statement for the purpose	of changing its re	egistered
	to the provisions of economic correcte					
office or c	opietored agent or both in the State of	f Florida, Such change was all	ithorized by the comorati	on's board of directors. I hereby accept the ap	pointment as regis	stered
office or c	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida, Such change was all	ithorized by the comorati	on's board of directors. I hereby accept the ap	ppointment as regis	stered
office or c	registered agent, or both, in the State of im familiar with, and accept the obligation	f Florida: Such change was au ons of, Section 607.0505, Flori	ithorized by the comorati	on's board of directors. I hereby accept the ap	ppointment as regis	stered
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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 copporation 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 an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90044 023 \*\*\*150.00