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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9400033791

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90160 011 ***150.00

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Principal Place	e of Busines	s	Mailing Address			- I IMBIIMBI ILM IMIII MUTII MATII MAIII AN	iii: 00100 ii:00 (f)() 1041	
6200 S DIXIE HWY 6200 S DIXIE HWY WEST PALM BEACH FL 33405 US US						DO NOT WRITE I	N THIS SPACE	
03			00			3. Date Incorporated or Qualifed		
						05/04/1994		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For
2126			·	6		65-0620335	N	tot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	1 7 -	Additional Required
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23 28						Trust Fund Contribution		to Fees
Zip Country			Zip Country		This corporation owes the current year Intangible			
24		25	29	30		Personal Property Tax.	☐ Yes	₩No
	9. Name	and Address of Curre	nt Registered Agent	<u> </u>		10. Name and Address of New Regi	stered Agent	
					81 Name			
isasi, gabriel				}-	82 Street Add	dress (P.O. Box Number is Not Acceptable		
6200 \$ DIXIE HWY					82 Street Address (P.O. Box Number is Not Acceptable)			
W PALM BEACH FL 33405				Ţ	83	-		(
				}	84 City	<u>. </u>	FL 85 Zip	Code
		1.0	00 J 007 AEDD Florida Clark			rporation submits this statement for the pur	1	s registered
office or o	anietarad ar	ant or both in the State	of Florida. Such change was ations of, Section 607.0505, Fl	authonzed	by the corpora	tion's board of directors. I hereby accept th	e appointment as r	egistered
SIGNATURE								{
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere					Agent signature requi	Tour transmissing)	DATE	000 1140
12.		OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	ORSIN 12 I
TITLE			□ DELETE		E		☐ Change	
1	D D		☐ DELETE	1.1 1111		•	Change	
NAME .	ISASI, G		☐ DELETE	1.2 NA			☐ Change	
NAME STREET ADDRESS	ISASI, G. 1403 INC	DIAN ROAD	☐ DELETE	1.2 NAJ 1.3 STF	REET ADDRESS		☐ Change	
STREET ADDRESS CITY-ST-ZIP	ISASI, G 1403 INC LAKE CL		_	1.2 NAI 1.3 STF 1.4 CIT	REET AODRESS Y-ST-ZIP	·		Addition
STREET ADDRESS CITY-ST-ZIP TITLE	ISASI, G. 1403 INE LAKE CL D	DIAN ROAD ARKE SHORES FL	☐ DELETE	1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI	REET ADDRESS Y-ST-ZIP LE		☐ Change	Addition
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CITY-ST-ZIP 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STOTIATURE REQUIGABLE ISASI

4-24-99

(561) 5860303