Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90212 041 ***317.50

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 # P94000034619

CITY-ST-ZIP

LEHTINE	EN, O'DONNELL, VARGAS	& REINER, P.A.				
Principal Place	e of Business	Mailing Address]	i i i
7700 NORTH KENDALL DRIVE 7700 NORTH KENDALL DRIVE SUITE 303 SUITE 303			VE			
MIAMI FL 33156 MIAMI FL 33156 .			DO NOT WRITE IN THIS SPACE		_	
				3. Date Incorporated or Qualifed 05/04/1994		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0482743	Not Applicat	ole
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	\	30	Personal Property Tax.	☐ Yes ☐ No	
1	9. Name and Address of Curre			10. Name and Address of New Register	ed Agent	
			81 Name			
	tinen, dexter w esq. D North Kendall Drive		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	TE 303 MI FL 33156		83			
MIN	MI FE 33 136		84 City	F	85 Zip Code	
11 Durguant	to the provisions of Sections 607 050	02 and 607 1509 Florida Statuta	s, the above-named con	poration submits this statement for the purpose	of changing its registered	d l
office or r	registered agent, or both, in the State om familiar with, and accept the obligation	e of Florida. Such change was au ations of, Se ction 607.0505, Flori	ithorized by the corporati	ion's board of directors. I hereby accept the app	pointment as registered	<u> </u>
office or r agent. I a	egistered agent, or both, in the State in familiar with, and accept the obligation of the state	e of Florida. Such change was au ations of, Se ction 607.0505, Flori	ithorized by the corporation of	ion's board of directors. I hereby accept the app	AND DIRECTORS IN 12	
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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: We