## 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

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90107 020 \*\*\*150.00

DOCUMENT "	
DOCUMENT#	P94000038156

1. Corporation Name

DEV	TEI	ECO	A AR AL	IMICA	ATIONS.	IMC
H-Y	11	ruu	MIVII	UNIL	HUND.	

Principal Place of Business			
1987	WEST	FLAGLER	STREET

Mailing Address

1987 WEST FLAGLER STREET



MIAMI FL 33135		MIAMI FL 33135		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 05/20/1994			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	•	Applie	d For
—, '	ace of Dushiess	26			65-0492388		<del></del>	pplicable
Suite, Apt.	# etc	Suite, Apt, #, etc.			_	\$8.	75 Addi	itional
22	r, etc.	27			5. Certifcate of Status Desired		e Requir	
City & State		City & State			6. Election Campaign Financing	\$5	.00 ма	v Be
<b>—</b>		28			Trust Fund Contribution		Ided to Fe	
Zip	Country	Zip	Country		8. This corporation owes the current year Ir	ntangible		<del></del> -
	25	29 3	·		Personal Property Tax.	Yes		No
24	9. Name and Address of Curren		<u>-                                    </u>		10. Name and Address of New Registered	Agent	_/_	
	J. Name una Address di Garre	The State of the S	81	Name		•		
SIER	ra, isabel b			ļ				
	WEST FLAGLER STREET		82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	AI FL 33135		83			-		
7717 111	1 2 30 100		"		·			
			84	City	F	85	Zip Cod	e
				<u> </u>	-	_ , ,		istored
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Such change was aut	norizea by	the corporati	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	sintment	as registi	ered
SIGNATURE	Signature, typed or printed name of registered age	MOTE: S	tonintered Aces	ot exposture require	red when reinstating) DATE			—
12.		ND DIRECTORS	13.	n algitatura roquire	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS	IN 12
	P	DELETE	1,1 TITLE			☐ Cha		Addition
TITLE			1.2 NAME				_	
NAME	SIERRA, ISABEL B	•		T 4000000				
STREET ADDRESS	1987 WEST FLAGLER STREET			TADDRESS		,		
CITY-ST-ZIP	MIAMI FL 33135	DELETE	1,4 CITY-S	r-zip		[] Chi	anne l	Addition
TITLE		U DELETE	2.1 TITLE		-		,go [	
NAME			2.2 NAME		•			
STREET ADDRESS			2.3 STREE	TADDRESS				
CITY-ST-ZIP			2. 4 CITY-5	iT-ZIP				
TITLE		☐ DELETÉ	31 TITLE	1		☐ Chi	ange [	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-5	st-zip				
TITLE		DELETE	4.1 TITLE			☐ Ch	ange [	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4 3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	IT-ZIP				
TITLE		☐ DELETE	5.1 TITLE			[] Ch	ange !	Addition
NAME		_	5.2 NAME					
			5.3 STREE	TADDRESS				
STREET ADDRESS			5.4 CITY- S	1				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Ch	ange	Addition
TITLE			6.2 NAME				,	
NAME				T ADDDECC				
STREET ADDRESS				T ADDRESS				
OFFICE 7ID	i		6.4 CITY-S	JT-ZIP I	· ·			

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 suppliemental 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 changes, or on an attachment with an eddress, with all other like empowered.