FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10, 1999 8:00am

Secretary of State

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Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000042701

RAFAEL GARCIA, JR., C.P.A., P.A.

Principal Place of Business Mailing Address					110011007 110 10111 01111 00111 00111 00111			
100 S ASHLEY DR 100 S ASHLEY DR								
SUITE 1650 SUITE 16		SUITE 1650						
TAMPA FL 33602 TAMPA FL 33602					DO NOT WRITE IN TH	IS SPACE		1
					3. Date Incorporated or Qualifed 06/08/1994			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Apr	died For	,
21		26			59-3253773	Not	Applicable	} ;
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Red		:
City & State		City & State	- '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Coun	try	8. This corporation owes the current year			1
24			30		Personal Property Tax.		□No	
24	g. Name and Address of Cu				10. Name and Address of New Registere	d Agent		1
	<u> </u>			Name				1
GAF	RCIA, RAFAEL JR							1
100	S'ASHLEY DR		1	32 Street Addr	ress (P.O. Box Number is Not Acceptable)			
SUI	TE 1650		l _i	33	The state of the s	r elf i an i r	3 5 12 21	Í
	IPA FL 33602			~[· · · · · · · · · · · · · · · · · · ·		制制器	
			[8	City	, , , ,	85 Zip C	ode	
	1. A	0500 607 1508 Florido Sto	tutos the sh	uo namad aam	paration submits this statement for the number	of changing its	agistered	1
11. Pursuam office or	registered agent, or both, in the St	tate of Florida. Such change was	authorized	by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	istered	1
agent. La	am familiar with, and accept the ob	oligations of, Section 607.0505, f	Florida Statut	es.			•	
SIGNATURE						·····	·	
	Signature, typed or printed name of registered	d agent and title if applicable. (NO S AND DIRECTORS	<u> </u>	gent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIDECTOR		(11/98)
12.	D	DELETE	13. 1.1 TITL	=		Change ☐	Addition	=
TITLE	~	E DELETE						
NAME	GARCIA, RAFAEL JR		1.2 NAM		•			F034
STREET ADDRESS				EET ADDRESS				ı ر
CITY-ST-ZIP	TAMPA FL 33602			-ST-ZIP		Change	Addition	2
TITLE		☐ DELETE	2.1 TITL			Change	L. Addition	
NAME			2.2 NAM					
STREET ADDRESS			2.3 STR	EET ADDRESS				
CITY-ST-ZIP				/-ST-ZIP				1
TITLE .	*	☐ DELETE	3.1 TITL			Change	☐ Addition	l
NAME	AT 18 TO A TO		3.2 NAM	ε				
STREET ADDRESS			3.3 STR	EET ADDRESS		4	1.3.34	
CITY-ST-ZIP,			3,4. CIT	/-ST-ZIP			<u> </u>	
TITLE							☐ Addition	1
NAME		☐ DELETE	4.1 TITL	Ε		Change :		
CTDEET ADDOCCO		☐ DELETE	4.1 TITL 4. 2 NAM			Change :		1
STREET ADDRESS		☐ DELETE	4. 2 NAM			₹ [] Change ` :		
CITY-ST-ZIP		☐ DELETE	4. 2 NAM	ME EET ADDRESS		Change :	<u>-</u>	
		☐ DELETE	4. 2 NAM 4.3 STR	ME EET ADDRESS -ST-ZIP		Change	Addition	
CITY-ST-ZIP			4. 2 NAM 4.3 STR 4.4 CITY	ME EET ADDRESS -ST-ZIP E			Addition	
CITY-ST-ZIP			4. 2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM	ME EET ADDRESS -ST-ZIP E			Addition	,
CITY-ST-ZIP TITLE NAME STREET ADDRESS			4. 2 NAN 4.3 STRI 4.4 CITY 5.1 TITU 5.2 NAM 5.3 STRI	ME EET ADDRESS -ST-ZIP E			☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			4. 2 NAN 4.3 STRI 4.4 CITY 5.1 TITU 5.2 NAM 5.3 STRI	EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP			Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4. 2 NAN 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY	EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E		☐ Change		

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 an an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: