**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P94000045448**

1. Corporation Name

Principal Place		Mailing	Address							
PENTHOUSE HIALEAH FL 33015										
MIAMI FL 33156 US							DO NOT WRITE IN THIS SPACE			
f us							3. Date Incorporated or Qualifed 06/17/1994			
2. Principal Pl	ace of Business	2a. Ma	2a. Mailing Address				1 ** 1 1 %			ed For
21			<u> </u>				65-0502573		Not A	pplicable
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addition			
22		<u> </u>								
City & State	e	<b>⊢</b> '	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
23	Country	28 Zin	Zip Coun							663
Zip				30			8. This corporation owes the current year Intangible Personal Property Tax. Yes			
24	9. Name and Address of Current	29		30			10. Name and Address of New Registered A			•
	5. Maine and Address of Curren	rivegiatore	a Agent		81	Name		<u></u>		
CRUZ, FELIX D										
780 N.W. LE JEUNE RD.					82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
SUITE 427					83					
MIAMI FL 33126					٦-					
					84	City	FL	85 2	Zip Cod	de
f office or re	to the provisions of Sections 607,050x, egistered agent, or both, in the State or familiar with, and accept the obligat Signature, typed or printed name of registered agen	of Florida, S ions of, Sec	etion 607.0505, Flor	ida Statu	tes.	tne corporatioi		·	- Togis	
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	D		☐ DELETE	1.1 TIT	LE			☐ Chan	ige	☐ Addition
NAME	more table storman, three tables			1.2 NA	ME					
STREET ADDRESS	ss 16903 N.W. 69TH AVE.			1.3 STF	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33015			1.4 CIT	Y-ST	r-ZiP				
TITLE	D		DELETE	2.1 TIT	LΕ			Chan	ıge	Addition
NAME	MORALES-GOMEZ, MIRTA D			2.2 NA	ME	,				
STREET ADDRESS	16903 N.W. 69TH AVE.			2.3 STI	REET	ADDRESS				Ì
CHY-SI-ZIF	_MIAMI:FL:33015			<del>≃</del> :2:4 CI	Y-8	7. ZIP	<u> </u>			
TITLE			☐ DELETE	3.1 TIT	LE	İ		☐ Char	ige	Addition
NAME				3.2 NA	ME	İ				
STREET ADDRESS				3.3 STI	REET	ADDRESS				ļ
CITY-ST-ZIP				3.4. CI	TY-ST	T-ZiP		•		
TITLE	40.4		☐ DELETE	4,1 TIT	ιE			Char	nge	☐ Addition
NAME				4. 2 NA	ME					}
STREET ADDRESS				4.3 STI	REET	ADDRESS				1
CITY-ST-ZIP				4.4 CIT						
TITLE			☐ DELETE	5.1 TiT				Char	nge	Addition
NAME				5.2 NA	ME					
PERFECT ADDRESS				5.3 STI	REET	ADDRESS				

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 trusted 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.

5.4 CITY- \$T- ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

☐ Addition

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90061 049 \*\*\*158.75