PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

عهارمان عرب

Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000045658

1. Corporation Name

Principal Place 7333 SW 63 CI SOUTH MIAME	OURT .	Mailing Address 7333 SW 63 COURT SOUTH MIAMI FL 33143				
1					E IN THIS SPACE	
ì				3. Date incorporated or Qualified		i
				06/15/1994		
	lace of Business	2a. Mailing Address		4. FEI Number	<u> </u>	olied For
21		26		65-0531555		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	□ \$8.75 A	
City & Stat	e	City & State		6. Election Campaign Financing	<u> </u>	May Be
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the curre		
24	25	29 3	0	Personal Property Tax.	I ✓Yes	□N ₀
	9. Name and Address of Current	Registered Agent	81 Na	10. Name and Address of New Ro	gistered Agent	
840	TEL CTABLEY I	rcen Field		[
BARTEL, STANLEY J				ess (P.O. Box Number is Not Acceptate	Ng)	
44 W FLAGLER STREET SUITE 550 MIAMI FL 33130			9 44 3	NW 49 DORAL	CANE	
MIN	MI FL 33130		83			į
			84 City		FI 85 Zio C	ode
44. Durming to the conditions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named CVI				oration submits this statement for the o		registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE MINHE TIME S/20199						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alphabure required when reinstaturg) DATE						RS IN 12
12.	OFFICERS AND		13.		CERS AND DIRECTOR	Addition 3
TITLE !	D CANINE	DELETE		siden T		- 1 ·
NAME	FIELD, JOANNE		1.2 NAME	BERT FIELD DORAL	LME	
STREET ADDRESS	7333 SW 63 COURT		1.3 STREET ADDRESS	45	—	
CTY-ST-ZIP	SOUTH MIAMI FL 33143	IN DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	TAME TO	Change	Addition
TITLE	WEAVER, GENE	up beserve	22 NAME		4	- {
NAME	7333 SW 63 COURT		2.3 STREET ADDRESS			i
STREET ADDRESS	SOUTH MIAMI FL		2.4 CTY-ST-ZIP			,
CITY-ST-ZIP	S S	☐ DELETE	3.1 TITLE		Change	Addition
NAME	FIELD, MAUREEN		32 NAME			
STREET ADDRESS	9493 NW 49TH DORAL LANE		33 STREET ADDRESS			Į.
1	MIAMI FL		3.4 CITY-ST-ZIP			
CITY-ST-ZIP	(MZMIZ I C	DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			-
STREET ADDRESS			4.3 STREET ADDRESS			[
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			1
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME .			6.2 NAME			}
SADEEL PLUDESC			6.3 STREET ADDRESS			\ \

14. 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 eath; 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.

8.4 CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF BIGHING OF FICER OR DIRECTOR

CITY-ST-ZIP

May 06, 1999 8:00 am Secretary of State

05-06-1999 90179 041 ***150.00

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