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

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90032 033 ***150.00

DOCUMENT #	ŧ	P94000051470
 Corporation Name 		

Principal Place 13040 S.W. 120 MIAMI FL 33188	TH ST.	Ma 130	NAL, INC. ailing Address MO S.W. 120TH ST. IMI FL 33186							WRITE IN THIS		
						3.		orporate	or Qual	ifed		
							07/07/					
Principal Pl	lace of Business	2a.	Mailing Address			4.	FEI Nun				<u> </u>	plied For
21		26					65-05	<u> 10958</u>	•			t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5	Certifcat	te of Stati	us Desire	d 🗆	\$8.75	1
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City & State	e	\vdash	City & State			6.		Campaig		ing	\$5.00	
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	g. Name and Address of Cui	rrent Regis	tered Agent	-	81 Name	10.	Name a	na Addr	ess of No	ew Registered	Agent	
	RA, RICHARD 0 S.W. 99TH TERRACE				7	Address (P	1.0. Box 1	Number is	HAR S Not Acc	oeptable)		
AIM	Al FL 33176				83	//- 	OW	.,,	, , , ,			
					84 City	AMI				Fi	85 Zip (Code 3/86
office or re	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob	ate of Floric	la. Such change was auti	norized	by the corp	corporation oration's bo	n submits pard of di	this state rectors. I	ement for hereby a	the purpose o ccept the appo	f changing its intment as re	registered gistered
SIGNATURE										0.175		
	Signature, typed or printed name of registered			<u> </u>	Agent signature i			NOVOLIAN	ICEC TO	OFFICERS A	ND DIRECTO	DC IN 12
12.		AND DIRE	☐ DELETE	13.		, 	ADDITIO	NS/CHAP	IGES TO	OFFICERS A	Change	Addition
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NAME	ROKO IZARRA			2.2 NA								
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6.4 CITY-ST-ZIP CITY-ST-ZIP 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 tractee 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.

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

62 NAME

4.3 STREET ADDRESS

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6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

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SIGNATURE: _

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Change

Change

Addition

Addition

☐ Addition