PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400066432

1. Corporation Name

DARWIN INVESTMENTS CORPORATION

Principal Place	e of Business	Mailing Address							
10234 NW 47TH		1112 WESTON RD			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
SUNRISE FL 33	3351	202							
		WESTON FL 33326			DO NOT WRITE IN THIS SPACE				
		US			3. Date Incorporated or Qualifed				1-
					09/09/1994]
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For	1
21		26		65-0523297			lot Applicable]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Contiferate of Status Desired		\$8.75	Additional]	
22		27		5. Certifcate of Status Desired	u	Fee F	Required	}	
City & State		City & State		6. Election Campaign Financing	<u> </u>	\$5.00) May Be]	
23		28		Trust Fund Contribution			to Fees	1	
Zìp	Country	Zip	Countr	у	8. This corporation owes the curr	ent year In	angible		}
24	25	29	}		Personal Property Tax.		Yes	□No	}
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New F	legistered	Agent		}
544			8-	Name					1
J	lirez, verushuka		82	Street	Address (P.O. Box Number is Not Accepta	thle)			{
	INDIAN TRACE #212			Sireer.	Address (1.0. Box 140mbol 15 140t Accepte	1010)			{
WES	STON FL 33326	•	83	3					1
			-	4 07			nel 2:-	0-4-	1
	e .		84	} -		FL	• 1 1	Code	ł
11. Pursuant.	to the provisions of Sections 607.050.	2 and 607 1508, Florida Statutes,	the above	/e-named	corporation submits this statement for the oration's board of directors. Thereby accep	purpose of	.changing.it	s registered	<u> </u>
office or re	egistered agent, or both, in the State of the obligation of the obligation in the obligation of the ob	or Florida. Such criange was autri tions of, Section 607.0505, Florida	orized by Statute	y me corpo s.	oration's board of directors. I hereby accep	it tile appo	minent as i	egistered	l
SIGNATURE	,				•		•		{
JOHAIUKE									
}	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: Re	gistered Age	ent signature <i>f</i>	equired when reinstating)	DATE] ;
12.		D DIRECTORS	gistered Age	ent signature f	equired when reinstating) ADDITIONS/CHANGES TO OF				
12.	OFFICERS AN			ent signature f			ID DIRECT	ORS IN 12	
	OFFICERS AN DIAZ, HUMBERTO R	D DIRECTORS	13.						
TITLE	OFFICERS AN D DIAZ, HUMBERTO R 10234 NW 47TH ST	D DIRECTORS	13. 1.1 TITLE 1.2 NAME						
TITLE NAME	OFFICERS AN DIAZ, HUMBERTO R	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ET ADORESS					
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SIGNATURE

14. I hereby certify that the indicated on this annual

officer or director of the corpor Block 12 or Block 18 if change

blied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information emental 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 he receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90241 001 ***150.00