## 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

# DOCUMENT # P9400067755

1. Corporation Name

# Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90123 025 \*\*\*150.00

| WAT OL  | JI, ING.  |                                       |   |   |   |
|---|---|---------------------------------------|---|---|---|
| Principal Plac  | ce of Business                                      | Mailing Address                       |   | אונים מיופס וונים ווניסס אומסס וומום וגומו מוא ומסווסטו ו | 1984 1980 1980 1984                               |
| 9234 S.W. 9TH   | LTERRACE  | 9234 S.W. 9TH TERRACE                 |   |   |   |
| MIAMI FL 33174 MIAMI FL 33174   |   |                                       |   |   |   |
|   |   |                                       |   | DO NOT WRITE IN THIS SE                                   | PACE  |
|   |   |                                       |   | 3. Date Incorporated or Qualifed                          |   |
|   |   |                                       |   | 09/12/1994  |   |
| <del></del>   | Place of Business                                   | 2a. Mailing Address                   |   | 4. FEI Number   | Applied For                                       |
| 21  |   | 26                                    |   | 65-0522377  | Not Applicable \$8.75 Additional                  |
| Suite, Apt.   | . #, etc.   | Suite, Apt. #, etc.                   |   | 5. Certifcate of Status Desired                           | Fee Required                                      |
| City & Stat   | to  | City & State                          | <del></del>   | - Floring Compiler Financian                              | \$5.00 May Be                                     |
|   | ie –  | 28                                    |   | 6. Election Campaign Financing  Trust Fund Contribution   | Added to Fees                                     |
| Zip   | Country   | Zip                                   | Country   | 8. This corporation owes the current year Intang          |   |
| 24  | 25  | <u> </u>                              | 30  |   | ]Yes □No  |
| 24]   | 9. Name and Address of Currer                       | <del></del>                           |   | 10. Name and Address of New Registered Ag                 | ent   |
|   |   |                                       | 81 Name   |   |   |
| MEN   | NDEZ, MIRTA   |                                       | 00 00 00  | (D.O. Daw March and March and American Inc.)              |   |
| 9234 S.W. 9TH TERRACE   |   |                                       | 82 Street Add   | ress (P.O. Box Number is Not Acceptable)                  |   |
| MIAIM   | MI FL 33174   |                                       | 83  |   |   |
|   |   |                                       | <u></u>   |   |   |
|   |   |                                       | 84 City   | FL  | 85 Zip Code                                       |
| agent. I a  | Signature, type for printed frame of registeres age | ant and title if applicable. (NOTE: F | da Statutes.<br>Registered Agent signature require  |   | 7/97  |
| 12.   | <del></del>   | ND DIRECTORS                          | 13.   | ADDITIONS/CHANGES TO OFFICERS AND                         |   |
| TITLE   | PT /  | ☐ DELETE                              | 1.1 TITLE   | ٠٤  | Change Addition                                   |
| NAME  | MENDEZ, MIRTA                                       | •                                     | 1.2 NAME  |   |   |
| STREET ADDRESS  |   |                                       | 1.3 STREET ADDRESS  |   |   |
| CITY-ST-ZIP   | MIAMI FL 33174                                      |                                       | 1.4 CITY-ST-ZIP   |   | Change Addition                                   |
| TIFLE   | VP S  | ☐ DELETE                              | 2.1 TITLE   | L   | Change Addition                                   |
| NAME  | MENDEZ, RICARDO                                     |                                       | 2.2 NAME  |   |   |
| STREET ADDRESS  | 1   |                                       | 2.3 STREET ADDRESS  |   |   |
| CITY-ST-ZIP   | MIAMI FL 33174                                      |                                       | 2, 4 CITY-ST-ZIP  |   |   |
| TITLE   | •   | □ DELETE                              | 4.577.5   |   | Change C Addition                                 |
| NAME  | 1   | ☐ DELETE                              | 3.1 TITLE   |   | Change Addition                                   |
|   |   | ☐ DELETE                              | 3.2 NAME  |   | Change Addition                                   |
| STREET ADDRESS  |   | ☐ DELETE                              | 3.2 NAME<br>3.3 STREET ADDRESS  |   | Change Addition                                   |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |                                       | 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP  |   |   |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE  |   | ☐ DELETE                              | 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE  |   | Change Addition                                   |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME  |   |                                       | 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME  |   |   |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  |   |                                       | 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS   |   |   |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ DELETE                              | 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  |   | ☐ Change ☐ Addition                               |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  |   |                                       | 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5.1 TITLE   |   |   |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   |   | ☐ DELETE                              | 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 52 NAME   |   | ☐ Change ☐ Addition                               |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  |   | ☐ DELETE                              | 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 52 NAME 5.3 STREET ADDRESS                              |   | ☐ Change ☐ Addition                               |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ DELETE                              | 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 52 NAME   | [<br>[  | ☐ Change ☐ Addition☐ Addition☐ Change ☐ Addition☐ |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE TADDRESS TOTY-ST-ZIP TITLE |   | ☐ DELETE                              | 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | [<br>[  | ☐ Change ☐ Addition                               |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ DELETE                              | 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP             | [<br>[  | Change Addition  Change Addition                  |

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 finual report is 100 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 organ attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR