Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90280 018 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000069961

1. Corporation Name

	A CURPURATION						}		
Principal Place	e of Rusiness	Ma	ailing Address				-	Entin athin (1919) (191	10 BEIDT 3181 1081
600 WEST 20TI	•		WEST 20TH STREET						
HIALEAH FL 33			ALEHA FL 33010						
US US							DO NOT WRITE IN THIS SPACE		
	-						3. Date Incorporated or Qualifed		
							09/21/1994		
2. Principal Pl	face of Business	2a.	Mailing Address				4. FEI Number		opplied For
21		26					65-0522257		lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27					3. Certificate of Otation Desired	Fee F	Required
City & State	te .		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution	Added	to Fees
Zip	Country		Zip	Coun	try		8. This corporation owes the current year		
24	25	29		30		.,	Personal Property Tax.		□No
	9. Name and Address of Co	urrent Regis	tered Agent				10. Name and Address of New Registe	ered Agent	
DDA	OFDAC WEIGHT			1	81	Name			
	CERAS, WILFRED			- 17	82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	WEST 20TH STREET								
HIAL	EAH FL 33010			[i	83				İ
				١.	0.4	Cit.	· · · · · · · · · · · · · · · · · · ·	- 85 Zip	Code
	•			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	84	City		FL 185 Zip	
agent. I a	am familiar with, and accept the c	7.0502 and 6 State of Floric obligations of,	07.1508, Florida Statut la. Such change was a Section 607.0505, Flo	es, the abouthorized in uthorized in ida Statut	ove-i by th les.	named corpo ne corporation	ration submits this statement for the purpor is board of directors. I hereby accept the a	se of changing i appointment as i	egistered
SIGNATURE						elonature cequired			
	Signature, typed or printed name of registers	ed agent and title i	if applicable. (NOTE	: Registered A	igent s	aignature redonce	when reinstating) DAT	TE	
12,		s AND DIRE		: Registered A	vgent s	alghatalio (oquilio	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		
12.				_ <u>-</u> -		angitation required			
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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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP