### 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 # 1. Corporation Name

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90054 036 \*\*\*150.00

;	ASSOCIATES OF DADE COL			7.1844.0				
Principal Place	e of Business	Mailing Address						
350 LINCOLN F	₹D:	350 LINCOLN RD.						
SUITE 324 SUITE 315 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139					DO NOT WRITE IN THIS SPACE			
US				•	3. Date Incorporated or Qualife	ed		
					09/22/1994			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		App	lied For
21		26			65-0518488		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 1	8.75 A	I
22		27					Fee Rec	·
City & Stat	e	City & State			6. Election Campaign Financin		\$5.00 h	, ,
23		28	Carrata		Trust Fund Contribution	· · ·	Added to	Fees
Zip	Country	Zip	Country	,	8. This corporation owes the co	urrent year Intangit		SENo
24	9. Name and Address of Current		30		Personal Property Tax.  10. Name and Address of New			4.5110
	5. Name and Address of Current	IzoBiatelen udalit	81	Name	Home and Address of Hom			
BEN	NETT DOSH N							
	LINCOLN RD.	MAN AR	82	Street Addr	ress (P.O. Box Number is Not Acce	ptable)		
	TE 440		83		1, 11, 12, 13, 13	Wash for the	la (4.1)	1 11 14 1
MIAM	MI BEACH FL 33139	•			Talka de la	<u>. 15. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14</u>		排放 排出
Į			84	City		FI 8	5 Zip C	ode
241 - 22 41		1007-4500-51-34-04-4		<u></u>		a numana of obor	anina ita e	ogistorod
11: Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation of the state of the stat	ons of, Section 607.0505, Floi	nda Statutes	<b>5</b> .		ne purpose of char cept the appointme	nging its r int as reg	egistered istered
agent. Fa	to the provisions of Sections 607.0502 registered agent, or both, in the State or in familiar with, and accept the obligation of familiar with and accept the obligation of familiar with a section of familiar wi	and title if applicable. (NOTE:	nda Statutes	<b>5</b> .	oration submits this statement for it on's board of directors. I hereby accord when reinstating)	DATE		
agent. I a SIGNATURE	m familiar with, and accept the obligated Signature, typed or printed name of registered agent.	and title if applicable. (NOTE:	Registered Age	<b>5</b> .	d when reinstating) / Say 3 ADDITIONS/CHANGES TO C	DATE DEFICERS AND D		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Fig. and title if applicable. (NOTE: ) DIRECTORS	Registered Age	<b>5</b> .	d when reinstating)	DATE DEFICERS AND D	IRECTO	RS IN 12
SIGNATURE  12.	Signature, typed or printed name of registered agent OFFICERS AND D CHUGANEY, LAL S	ons of, Section 607.0505, Fig. and title if applicable. (NOTE: ) DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	<b>5</b> .	d when reinstating) / Say 3 ADDITIONS/CHANGES TO C	DATE DEFICERS AND D	IRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Fig. and title if applicable. (NOTE: ) DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature required	d when reinstating) / Say 3 ADDITIONS/CHANGES TO C	DATE DEFICERS AND DI	IRECTOR Change	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D CHUGANEY, LAL S 350 LINCOLN RD., SUITE 315	ons of, Section 607.0505, Fig. and title if applicable. (NOTE: ) DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature required	d when reinstating) / Say 3 ADDITIONS/CHANGES TO C	DATE DEFICERS AND DI	IRECTO	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D CHUGANEY, LAL S 350 LINCOLN RD., SUITE 315	and title If applicable. (NOTE:  D DIRECTORS	Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-S	nt signature required	d when reinstating) / Say 3 ADDITIONS/CHANGES TO C	DATE DEFICERS AND DI	IRECTOR Change	RS IN 12
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND D CHUGANEY, LAL S 350 LINCOLN RD., SUITE 315	and title If applicable. (NOTE:  D DIRECTORS	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature required	d when reinstating) / Say 3 ADDITIONS/CHANGES TO C	DATE DEFICERS AND DI	IRECTOR Change	RS IN 12
Agent. Fa SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D CHUGANEY, LAL S 350 LINCOLN RD., SUITE 315	and title if applicable. (NOTE:  DIRECTORS  DELETE	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature required  T ADDRESS  T ADDRESS	d when reinstating) / Say 3 ADDITIONS/CHANGES TO C	DATE DEFICERS AND DI	IRECTOF Change	RS IN 12 Addition Addition
Agent. Fa SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D CHUGANEY, LAL S 350 LINCOLN RD., SUITE 315	and title If applicable. (NOTE:  D DIRECTORS	Registered Age  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	nt signature required  T ADDRESS  T ADDRESS	d when reinstating) / Say 3 ADDITIONS/CHANGES TO C	DATE DEFICERS AND DI	IRECTOR Change	RS IN 12
Agent. Fa SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D CHUGANEY, LAL S 350 LINCOLN RD., SUITE 315	and title if applicable. (NOTE:  DIRECTORS  DELETE	Registered Age  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1	nt signature required  T ADDRESS  T ADDRESS	d when reinstating) / Say 3 ADDITIONS/CHANGES TO C	DATE DEFICERS AND DI	IRECTOF Change	RS IN 12 Addition Addition
Agent. Fa SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D CHUGANEY, LAL S 350 LINCOLN RD., SUITE 315	and title if applicable. (NOTE:  DIRECTORS  DELETE	Registered Age  13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-I 3.1 TITLE 3.2 NAME	nt signature required  T ADDRESS  T ADDRESS	d when reinstating) / Say 3 ADDITIONS/CHANGES TO C	DATE DEFICERS AND DI	IRECTOF Change	RS IN 12 Addition Addition
Agent. Fa SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D CHUGANEY, LAL S 350 LINCOLN RD., SUITE 315 MIAMI BEACH FL 33139	and title if applicable. (NOTE:  DIRECTORS  DELETE  DELETE	Registered Age  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-I 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-I 3.4 CITY-I 3.5 NAME 3.5 STREE 3.6 NAME 3.7 STREE 3.7 STREE 3.7 NAME 3.7 STREE 3.8 NAME 3.8 STREE 3.8 CITY-I	nt signature required T ADDRESS T ADDRESS T ADDRESS T ADDRESS	d when reinstating) / Say 3 ADDITIONS/CHANGES TO C	DATE DEFICERS AND DI	IRECTOR Change Change	RS IN 12 Addition Addition Addition
AGENTURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE	Signature, typed or printed name of registered agent OFFICERS AND D CHUGANEY, LAL S 350 LINCOLN RD., SUITE 315	and title if applicable. (NOTE:  DIRECTORS  DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-1 4.1 TITLE	nt signature required  ET ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP	d when reinstating) / Say 3 ADDITIONS/CHANGES TO C	DATE DEFICERS AND DI	IRECTOF Change	RS IN 12 Addition Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND D CHUGANEY, LAL S 350 LINCOLN RD., SUITE 315 MIAMI BEACH FL 33139	and title if applicable. (NOTE:  DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	nt signature required  T ADDRESS  ST-ZIP  T ADDRESS  ST-ZIP  T ADDRESS  ST-ZIP	d when reinstating) / Say 3 ADDITIONS/CHANGES TO C	DATE DEFICERS AND DI	IRECTOR Change Change	RS IN 12 Addition Addition Addition
AGENTURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D CHUGANEY, LAL S 350 LINCOLN RD., SUITE 315 MIAMI BEACH FL 33139	ons of, Section 607.0505, Floi and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-1 4.1 TITLE 4.2 NAME 4.3 STREE	TADORESS ST-ZIP TADORESS ST-ZIP TADORESS ST-ZIP	d when reinstating) / Say 3 ADDITIONS/CHANGES TO C	DATE DEFICERS AND DI	IRECTOR Change Change	RS IN 12 Addition Addition Addition
AGENTURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D CHUGANEY, LAL S 350 LINCOLN RD., SUITE 315 MIAMI BEACH FL 33139	ons of, Section 607.0505, Fioliand title if applicable. (NOTE:  DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	TADORESS ST-ZIP TADORESS ST-ZIP TADORESS ST-ZIP	d when reinstating) / Say 3 ADDITIONS/CHANGES TO C	DATE DEFICERS AND DI	IRECTOR Change Change Change	Addition  Addition  Addition
AGENTURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D CHUGANEY, LAL S 350 LINCOLN RD., SUITE 315 MIAMI BEACH FL 33139	ons of, Section 607.0505, Floi and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE	TADORESS ST-ZIP TADORESS ST-ZIP TADORESS ST-ZIP	d when reinstating)  ADDITIONS/CHANGES TO C	DATE DEFICERS AND DI	IRECTOR Change Change Change Change	RS IN 12 Addition Addition Addition
AGENTURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D CHUGANEY, LAL S 350 LINCOLN RD., SUITE 315 MIAMI BEACH FL 33139	ons of, Section 607.0505, Fioliand title if applicable. (NOTE:  DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-1 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME	TADORESS ST-ZIP TADORESS ST-ZIP TADORESS ST-ZIP TADORESS ST-ZIP	ADDITIONS/CHANGES TO C	DATE DEFICERS AND DI	IRECTOR Change Change Change Change	Addition  Addition  Addition
AGENTURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D CHUGANEY, LAL S 350 LINCOLN RD., SUITE 315 MIAMI BEACH FL 33139	ons of, Section 607.0505, Fioliand title if applicable. (NOTE:  DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE 5.4 CITY-S 5.5 STREE 5.5 NAME 5.5 STREE 5.5 STREE 5.5 NAME 5.5 STREE 5.5 STREE 5.5 NAME 5.5 STREE	TADORESS ST-ZIP TADORESS ST-ZIP TADORESS ST-ZIP TADORESS ST-ZIP	ADDITIONS/CHANGES TO C	DATE DEFICERS AND DI	IRECTOR Change Change Change Change	Addition  Addition  Addition
AGENT TA SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D CHUGANEY, LAL S 350 LINCOLN RD., SUITE 315 MIAMI BEACH FL 33139	ons of, Section 607.0505, Floi and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-1 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5	TADORESS ST-ZIP TADORESS ST-ZIP TADORESS ST-ZIP TADORESS ST-ZIP	d when reinstating)  ADDITIONS/CHANGES TO C	DATE DEFICERS AND DI	RECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
AGENT TA SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND D CHUGANEY, LAL S 350 LINCOLN RD., SUITE 315 MIAMI BEACH FL 33139	ons of, Section 607.0505, Fioliand title if applicable. (NOTE:  DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 5.4 CITY-S 6.1 TITLE	TADORESS ST-ZIP TADORESS ST-ZIP TADORESS ST-ZIP TADORESS ST-ZIP TADORESS ST-ZIP	ADDITIONS/CHANGES TO C	DATE DEFICERS AND DI	IRECTOR Change Change Change Change	Addition  Addition  Addition
AGENT TA SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D CHUGANEY, LAL S 350 LINCOLN RD., SUITE 315 MIAMI BEACH FL 33139	ons of, Section 607.0505, Floi and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-I 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY-I 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-I 6.1 TITLE 6.2 NAME 6.2 NAME 6.2 NAME	TADORESS ST-ZIP TADORESS ST-ZIP TADORESS ST-ZIP TADORESS ST-ZIP TADORESS ST-ZIP	ADDITIONS/CHANGES TO C	DATE DEFICERS AND DI	RECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition 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 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.