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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400070658

1. Corporation Name

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90193 049 ***150.00

JUVITEC	, INC.									
Principal Place	of Business	Mailing Address				F INDIANA IIN INII AINII ORII	1 83 111 8311 8311	t thesi odiil)
15181 S.W. 113 ST.		15181 S.W. 113 ST.				*				
MIAMI FL 33196 MI		MIAMI FL 33196	MIAMI FL 33196			DO NOT WRITE IN THIS SPACE				
					3	. Date Incorporated or Qualit			<u> </u>	 }
						09/26/1994				
2. Principal Pl	ace of Business	2a. Mailing Address			4.	. FEI Number			Applie	d For
21		26				<u>65-0528133</u>			7-	pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	. Certifcate of Status Desired	ı 🗆		75 Add	
22		27							<u>_</u>	
City & State	9	City & State			6.	 Election Campaign Financi Trust Fund Contribution 	^{ng} 🗆	•	. 00 Ma	
Zip	Country		Countr	v		. This corporation owes the	urrent vear l		000 10 1	
24	25		30	•	1	Personal Property Tax.	adironic your r	Yes		No
24	9. Name and Address of Cur				10). Name and Address of Ne	w Registere	d Agent		
		<u>=</u>	8	1 Name			•			
	NGO, CARMEN T		8:	2 Street A	Address (P.O. Box Number is Not Acc	eptable)			
	1 S.W. 113 ST.									
MIAN	N FL 33196		8:	3						1
			8-	4 City				85	Zip Coo	le l
ł				1 7			F			
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statute	s, the abo	ve-named c	corporation	on submits this statement for	the purpose	of changir	ng its reg	gistered
office or re agent. I as SIGNATURE	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change was au ligations of, Section 607.0505, Flor	itnorized b ida Statute	v ine corpor	ration \$ 0	ooard of directors. Thereby ac	the purpose occept the app	of changir ointment	ng its reg as regis	gistered tered
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

32E034 (11/98)