FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

•	1999	W. T.		DIVISION OF C	ORPOR	ATIO	ONS		04-21-1999	90091 03	34 ***150.0	00
I. Corporation	MENT # F	P940000	7098	39								
102200												
Dringing Place	of Business		Mailing A	ddress						 		JIN 1811 1881
Principal Place			•									
15400 S.W. 57TI MIAMI FL 33193			MIAMI FL	v. 57TH TERRACE 33193								
MINIMI I E GOTOG			, 2		•			L		RITE IN THIS	SPACE	
									Date Incorporated or Qualife	d	• •	
				<u>. </u>	`- -				09/27/1994			
2. Principal Pla	ace of Business		├ ─┐	ng Address					4. FEI Number			lied For
21			26	A 4 4 - A -					NOT APPLICABLE			Applicable
Suite, Apt. #	#, etc.		Suite 27	, Apt. #, etc.				-	5. Certifcate of Status Desired		\$8.75 Ac	
City & State)	***	City (& State					 Election Campaign Financing Trust Fund Contribution 	g 🗆	\$5.00 Added to	
Zip	Co	untry	Zip		Cou	ntry		-	This corporation owes the cu	irrent vear Int	·	
24	25	- ····· ,	29		30	٠			Personal Property Tax.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		⊠ No
		idress of Current R		Agent				1	0. Name and Address of New	Registered	Agent	
						81	Name					
TOLEDO, JORGE							Address	(P.O. Box Number is Not Accep	otable)			
15400 S.W. 571H TEHRACE									·			
MIAN	II FL 33193					83					•	
						84	City				85 Zip C	ode
						. 1	· ·			FL	-	
11. Pursuant to	to the provisions of egistered agent, or	Sections 607.0502 a both, in the State of accept the obligation	nd 607.150 Florida, Su	08, Florida Statute ch change was a	es, the all uthorized	by	e-named of the corpo	corporat oration's	ion submits this statement for the board of directors. I hereby acc	ne purpose of ept the appo	changing its r intment as reg	registered jistered
-	n iamiliai with, and	accept the obligation	is or, seca	017 007.0303, 1-10	ilga olett	1103.	•					j
SIGNATURE	Signature, typed or printed	name of registered agent an	nd title if applica	ble. (NOTE	Registered	Agen	t signature re	equired who	en reinstating)	DATE		
12.		OFFICERS AND	DIRECTOR	IS	13.				ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE	D			☐ DELETE	1.1 TR	LE					Change	Addition \
NAME	TOLEDO, JORG				1.2 NA	ME						
STREET ADDRESS	15400 S.W. 571	'H TERRACE			1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 3319:	3			1,4 CI		T-ZIP				[] Change	Addition
TITLE	D			☐ DELETE	2.1 TII	LE	1	1			Change	Addition :
NAME	TOLEDO, MARI				2.2 NA		- 1					
STREET ADDRESS	15400 S.W. 57				- 8		FADDRESS					
CITY-ST-ZIP	MIAMI FL 33193	3		TI DELETE	2.4 C		T-ZIP				Change	Addition
TITLE				☐ DELETE	3.1 TII		1				∑] Oligiige	
NAME					3.2 NA							ì
STREET ADDRESS							[ADDRESS					
CITY-ST-ZIP				☐ DELETE	3.4. CI		31-ZIP				[] Change	Addition
TITLE					4, 2 N		}	}	·		•	
NAME					1		TADDRESS					
STREET ADDRESS												
CITY-ST-ZIP TITLE				[] DELETE	4.4 CF 5.1 TF		1-215				[] Change	Addition
					5.2 N			l	and the second second			
STREET ADDRESS					نوسين أشره	•	ADDRESS				-	
CITY-ST-ZIP					5.4 C			Ì				
TITLE				☐ DELETE	6.1 TI	LE					☐ Change	☐ Addition

CITY-ST-ZIP 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

AME OF SIGNING OFFICER OR DIRECTOR