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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90066 039 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400071367

SIGNATURE:

ROBERTO	M. ARIAS, D.C., P.A				·				
Principal Place	of Business	Mailing Address	_						
03 N. CENTRAL AVE KISSIMMEE FL 34741 US		903 N. CENTRAL AVE Kissimmee Fl 34741 Us	KISSIMMEE FL 34741			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	* *		
•						09/28/1994 4. FEI Number		Api	olied For "
2. Principal Pla	ace of Business	2a. Mailing Address				59-3269029		<i>y</i>	Applicable 5
21		26 Suite, Apt. #, etc.				T		\$8.75 A	dditional 8
Suite, Apt. #	#, etc.	<u></u>				Certifcate of Status Desired		Fee Re	quired
22		City & State				6. Election Campaign Financing		\$5.00	
City & State	8	28				Trust Fund Contribution		Added t	o Fees
23	Country	Zip	Col	untry		8. This corporation owes the curr	ent year Int	angible	□No
24	25	29	30			Personal Property Tax.	2-eletered	Yes	
24	9. Name and Address of	of Current Registered Agent		ļ.,-		10. Name and Address of New F	cegistereur	Agent	
		<u>.</u>	,	ì	Name				
	s, roberto m 1. central ave	•		82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
	MMEE FL 34741			83		14 11 11 11 11 11 11 11 11 11 11 11 11 1		机械电池	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84	City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FL	_	Code 11 ik 21
11. Pursuant office or ragent. I a	att latilliai willi, and accept					oration submits this statement for the on's board of directors. I hereby acce	purpose of pt the appo	changing its intment as re	registered gistered
11. Pursuant	Signature, typed or printed name of re	rgistered agent and title if applicable. (I	NOTE: Registere	ed Agent		d when reinstating) ADDITIONS/CHANGES TO OF	DATE	<u>. </u>	
11. Pursuant office or r agent. I a SIGNATURE	Signature, typed or printed name of re OFFI	rgistered agent and title if applicable. (I	NOTE: Registere 13	ed Agent TITLE		d when reinstation)	DATE	ND DIRECTO	DRS IN 12
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of re OFFI P ARIAS, ROBERTO M	rgistered agent and title if applicable. (I	13 E 1.1	ed Agent TITLE NAME	signature require	d when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	DRS IN 12
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of re OFFI P ARIAS, ROBERTO M 903 N. CENTRAL AVE.	rgistered agent and title if applicable. (I	13 E 1.1 1.2 1.3	ed Agent 3. TITLE NAME STREET	signature require	d when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	DRS IN 12
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of ro OFFI P ARIAS, ROBERTO M 903 N. CENTRAL AVE. KISSIMMEE FL 34741	rgistered agent and title if applicable. (() CERS AND DIRECTORS	13 E 1.1 1.2 1.3 1.4	ed Agent 3. TITLE NAME STREET CITY-ST	signature require	d when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	DRS IN 12
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of re OFFI P ARIAS, ROBERTO M 903 N. CENTRAL AVE. KISSIMMEE FL 34741 D	rgistered agent and title if applicable. (I	NOTE: Registers 13 E 1.1 1.2 1.3 1.4 E 2.1	ed Agent 3. TITLE NAME STREET CITY-ST	signature require	d when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	DRS IN 12
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of ro OFFI P ARIAS, ROBERTO M 903 N. CENTRAL AVE. KISSIMMEE FL 34741 D ARIAS, MATILDE	rgistered agent and title if applicable. (() CERS AND DIRECTORS	NOTE: Registers 13 E 1.1 1.2 1.3 1.4 E 2.1	ed Agent 3. TITLE NAME STREET CITY-ST TITLE NAME	signature require	d when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	DRS IN 12
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of re OFFit P ARIAS, ROBERTO M 903 N. CENTRAL AVE. KISSIMMEE FL 34741 D ARIAS, MATILDE 903 N. CENTRAL AVE.	rgistered agent and title if applicable. (() CERS AND DIRECTORS	NOTE: Registers 13 E 1.1 1.2 1.3 1.4 E 2.1 2.2 2.3	ed Agent 3. TITLE NAME STREET CITY-ST TITLE NAME	agnature require ADDRESS 1-ZIP ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	DRS IN 12 Addition
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of ro OFFI P ARIAS, ROBERTO M 903 N. CENTRAL AVE. KISSIMMEE FL 34741 D ARIAS, MATILDE	rgistered agent and title if applicable. (() CERS AND DIRECTORS	NOTE: Registers 13 E 1.1 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4	ed Agent 3. TITLE NAME STREET CITY-ST TITLE NAME NAME	agnature require ADDRESS 1-ZIP ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	DRS IN 12
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of re OFFit P ARIAS, ROBERTO M 903 N. CENTRAL AVE. KISSIMMEE FL 34741 D ARIAS, MATILDE 903 N. CENTRAL AVE.	rgistered agent and title if applicable. (I	NOTE: Registers 13 E 1.1 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4 E 3.1	ed Agent 3. TITLE NAME STREET CITY-ST TITLE NAME STREET STREET 4 CITY-S	agnature require ADDRESS 1-ZIP ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	DRS IN 12 Addition
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature. Typed or printed name of re OFFI P ARIAS, ROBERTO M 903 N. CENTRAL AVE. KISSIMMEE FL 34741 D ARIAS, MATILDE 903 N. CENTRAL AVE. KISSIMMEE FL 34741	rgistered agent and title if applicable. (I	NOTE: Registers 13 E 1.1 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4 E 3.1	ad Agent 3. TITLE NAME STREET CITY-ST TITLE NAME STREET 4 CITY-S I TITLE 2 NAME	agnature require ADDRESS 1-ZIP ADDRESS	id when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature. Typed or printed name of re OFFI P ARIAS, ROBERTO M 903 N. CENTRAL AVE. KISSIMMEE FL 34741 D ARIAS, MATILDE 903 N. CENTRAL AVE. KISSIMMEE FL 34741	rigistered agent and title if applicable. (I) CERS AND DIRECTORS DELETI DELETI DELETI	NOTE: Registers 13 E 1.1 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4 E 3.1 3.2 3.3 3.4	ad Agent 3. TITLE NAME STREET CITY-ST TITLE NAME STREET 4 CITY-S TITLE 2 NAME 3 STREET 4. CITY-S	ADDRESS 1- ZIP ADDRESS 1- ZIP T ADDRESS 1- ADDRESS	id when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature. Typed or printed name of re OFFI P ARIAS, ROBERTO M 903 N. CENTRAL AVE. KISSIMMEE FL 34741 D ARIAS, MATILDE 903 N. CENTRAL AVE. KISSIMMEE FL 34741	rgistered agent and title if applicable. (I	NOTE: Registers 13 E 1.1 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4 E 3.1 3.2 3.3 3.4 E 4.1	ed Agent 3. TITLE NAME STREET CITY-ST TITLE NAME STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S	ADDRESS 1- ZIP T ADDRESS ST- ZIP T ADDRESS ST- ZIP	d when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature. Typed or printed name of re OFFI P ARIAS, ROBERTO M 903 N. CENTRAL AVE. KISSIMMEE FL 34741 D ARIAS, MATILDE 903 N. CENTRAL AVE. KISSIMMEE FL 34741	rigistered agent and title if applicable. (I) CERS AND DIRECTORS DELETI DELETI DELETI	NOTE: Registers 13 E 1.1 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4 E 3.1 3.2 3.3 3.4 E 4.1	od Agent TITLE NAME STREET CITY-ST TITLE NAME STREET 4 CITY-S TITLE 2 NAME 3 STREET 4 CITY-S TITLE 2 NAME 2 NAME 2 NAME 3 STREET 5 COMMAND 5 COMMAND 6 CITY-S	ADDRESS 1-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	id when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of ro OFFI P ARIAS, ROBERTO M 903 N. CENTRAL AVE. KISSIMMEE FL 34741 D ARIAS, MATILDE 903 N. CENTRAL AVE. KISSIMMEE FL 34741	rigistered agent and title if applicable. (I) CERS AND DIRECTORS DELETI DELETI DELETI	NOTE: Registers 13 E 1.1' 1.2' 1.3 1.4 E 2.1 2.2 2.3 2.4 E 3.1 3.2 3.3 3.4 FE 4.1 4.1	and Agent TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET A CITY-ST TITLE NAME STREET A CITY-S TITLE NAME STREET TITLE NAME STREET TITLE STREET STREET STREET STREET STREET STREET	ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS T ADDRESS T ADDRESS	id when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of ro OFFI P ARIAS, ROBERTO M 903 N. CENTRAL AVE. KISSIMMEE FL 34741 D ARIAS, MATILDE 903 N. CENTRAL AVE. KISSIMMEE FL 34741	rigistered agent and title if applicable. (ICERS AND DIRECTORS DELETI DELETI DELETI DELETI DELETI	NOTE: Registers 13 E 1.1 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4 E 3.1 3.2 3.3 3.4 TE 4.1 4.3	MAGENTALE AGENTALE NAME STREET TITLE NAME STREET TITLE NAME STREET 4 CITY-S TITLE NAME 2 NAME 3 STREET TITLE 1 TI	ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS T ADDRESS T ADDRESS	id when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of ro OFFI P ARIAS, ROBERTO M 903 N. CENTRAL AVE. KISSIMMEE FL 34741 D ARIAS, MATILDE 903 N. CENTRAL AVE. KISSIMMEE FL 34741	rigistered agent and title if applicable. (I) CERS AND DIRECTORS DELETI DELETI DELETI	NOTE: Registers 13 E 1.1 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4 E 3.1 3.2 3.3 3.4 FE 4.1 4.3 4.4 IE 5.1	MAGENTALE AGENTALE AMAGE STREET TITLE NAME STREET A CITY-S STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE A CITY-S TITLE A CITY-S TITLE	ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS T ADDRESS T ADDRESS	id when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of ro OFFI P ARIAS, ROBERTO M 903 N. CENTRAL AVE. KISSIMMEE FL 34741 D ARIAS, MATILDE 903 N. CENTRAL AVE. KISSIMMEE FL 34741	rigistered agent and title if applicable. (ICERS AND DIRECTORS DELETI DELETI DELETI DELETI DELETI	NOTE: Registers 13 E 1.1 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4 E 3.1 3.2 3.3 3.4 IE 4.1 4.5 4.5 IE 5.1	Agent TITLE NAME STREET TITLE NAME STREET NAME STREET NAME STREET NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE 1 TITLE 1 TITLE 1 TITLE 1 TITLE 2 NAME	ADDRESS 1-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	id when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of re OFFit P ARIAS, ROBERTO M 903 N. CENTRAL AVE. KISSIMMEE FL 34741 D ARIAS, MATILDE 903 N. CENTRAL AVE. KISSIMMEE FL 34741	rigistered agent and title if applicable. (ICERS AND DIRECTORS DELETI DELETI DELETI DELETI DELETI	NOTE: Registers 13 E 1.1' 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 TE 4.1 4.5 5.5	Agent TITLE NAME STREET TITLE NAME STREET NAME STREET NAME STREET NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE 1 TITLE 1 TITLE 1 TITLE 1 TITLE 2 NAME	ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	id when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of re OFFit P ARIAS, ROBERTO M 903 N. CENTRAL AVE. KISSIMMEE FL 34741 D ARIAS, MATILDE 903 N. CENTRAL AVE. KISSIMMEE FL 34741	gistered agent and title if applicable. (CERS AND DIRECTORS DELETI DELETI DELETI DELETI DELETI DELETI	NOTE: Registers 13 E 1.1' 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4 E 3.1 3.2 3.3 3.4 TE 4.1 4.5 5.5 5.5	MAGENTALE AGENTALE AMAGE STREET TITLE NAME STREET TITLE NAME STREET A CITY-ST TITLE NAME STREET A CITY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET	ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	id when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of re OFFit P ARIAS, ROBERTO M 903 N. CENTRAL AVE. KISSIMMEE FL 34741 D ARIAS, MATILDE 903 N. CENTRAL AVE. KISSIMMEE FL 34741	rigistered agent and title if applicable. (ICERS AND DIRECTORS DELETI DELETI DELETI DELETI DELETI	NOTE: Registers 13 E 1.1' 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4 E 3.1 3.2 3.3 3.4 TE 4.1 4.5 5.5 5.5 TE 6.6	MAGAGENT AND A CONTROL OF THE CONTRO	ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	id when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of re OFFI P ARIAS, ROBERTO M 903 N. CENTRAL AVE. KISSIMMEE FL 34741 D ARIAS, MATILDE 903 N. CENTRAL AVE. KISSIMMEE FL 34741	gistered agent and title if applicable. (CERS AND DIRECTORS DELETI DELETI DELETI DELETI DELETI DELETI	NOTE: Registers 13 E 1.1' 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4 E 3.1 3.2 3.3 3.4 TE 4.1 4.5 5.5 5.5 TE 6.6	Agent	ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	id when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition

6.4 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 grant attachment with an adaptes, with all other like empowered.