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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 # P94000076352

Principal Place 11290 667H 87 STE 107 W. PALM DEAG 103 2. Principal Pl 21 // 29 Suite, Apt. 22 # 04 City & State 23 Roya Zip	HIFL 33412- lace of Business R.P.B. BLVD. #, etc. H. etc. L. PALM BCH, FL Country	Mailing Address 11290 66TH ST. N. 8TE-107 W. PALM BEACH FL 33412 US 2a. Mailing Address 26 11290 66 S Suite, Apt. #, etc. 27 City & State 28 W. PALM BE	ACH, FL	Election Campaign Financing Trust Fund Contribution This corporation owes the current	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees year Intangible
²⁴ 334	9. Name and Address of Current	29 33412 30	USA	Personal Property Tax. 10. Name and Address of New Reg	If Yes □ No
	9. Name and Address of Current	Registered Agent	81 Name	10. Italio alla Hadioso of Itali	
1129	IN, JORGE R 90 66TH ST. N. RISE FL 33326 - w, <i>PALM</i>	1 BEACH, FL 33412	83	Address (P.O. Box Number is Not Acceptable	95 Zin Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 697.0505, Florida Statutes.					
SIGNATURE	Signature typed or panied name of registered agent a	La JORGE	R. SAC	3)N)	5/99
12.	Signature Ayped or partied name of registered agent a OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE	PSTD	☑ Change ☐ Addition
NAME	SABIN, JORGE R		1.2 NAME		
STREET ADDRESS	11290 66TH ST. N.		1.3 STREET ADDRESS	,	· /
CITY-ST-ZIP	W. PALM BEACH FL 33412		1.4 CITY-ST-ZIP		
TITLE	VPSD	☐ DELETE	2.1 TITLE	VPD	
NAME	Sabin, Audrey		2.2 NAME	•	
STREET ADDRESS	11290 66TH ST. N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL 33412		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 HILE	• •	- ☐ Change ☐ Addition │
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition [
TITLE		□ DELCIC	5.1 TITLE 5.2 NAME	•	
NAME STREET ADDRESS			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME		_ 0222.0	6.2 NAME		_ , _
STREET ADDRESS			6.3 STREET ADDRESS		
	1		_		

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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

OFFICER OR DIRECTOR