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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P94000088615

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90012 027 ***150.00

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	ce of Business	Mailing Address									
117 SW 1ST ST HALLANDALE FL 33009 HALLANDALE FL 33009				THE ROOM TO STATE OF THE PARTY.							
US US			••				DO NOT WRITE IN THIS SPACE				
								Date Incorporated or Qualifed			
			_					12/06/1994			
2. Principal F	Place of Business	2a. Mailing Address				·		El Number		<u> </u>	plied For
21		26					(<u> </u>	_		t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc	: -				5. (Certifcate of Status Desired		\$8.75 / Fee Re	
22	 	27				_+			_		•
City & Sta	te .	City & State						Election Campaign Financing		\$5.00 Added t	, I
23	tie . Combatt	Zip ^ ^	-Ca	untry	,			Frust Fund Contribution			o rees.
Zip	Country	29	30	uiiiy		- 1		This corporation owes the cur Personal Property Tax.	rent year it	Tangible ☐ Yes	
24	25) 9. Name and Address of Curre		[30]	Τ		1		Name and Address of New	Registered		
	3. Name and Address of Care	it regiotores rigor		81	Name						
OSH	łikoya, hakeem			_							
983	8 SW 117TH CT			82	Street A	Address	(P.(D. Box Number is Not Accept	able)		
MIA	MI FL 33186			83					_		
								 			
				84	City				FI	85 Zip	Code
11. Pursuani	to the provisions of Sections 607.05	02 and 607.1508, Florida 5	Statutes, the	above	-	corporati	tion	submits this statement for the		of changing its	registered
11. Pursuant -office or agent. I a SIGNATURE	to the provisions of Sections 607.05 registered agent, or both; in the State am familiar with, and accept the obligations of the section of t	ations of, Section 607.050	Statutes, the was authorize 5, Florida Sta	nutes	e-named of the corpo					f changing its bintment as re	registered gistered
agent. I a	am familiar with, and accept the obligi	ations of, Section 607.050	o, Fiorida Sta	d Agen	e-named of the corpo		en rei		purpose o pt the appo		PRS IN 12
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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 of 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, on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP