## 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 # P9500005768

CASTILLO & COMPANY, CPA, P.A.

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90064 017 \*\*\*150.00



Principal Plac	o of Business	Mailing Address		1 linkinns ira inini mirit misi masii maiii maiii m	Alli ABIAI ŠVIIS JA	818 A1181 J841 (#A)
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2222 PONCE DE LEON BLVD. 2222 PONCE DE LEON BLVD. SUITE 502 SUITE 502						
CORAL GABLES FL 33134 CORAL GABLES FL 33134			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed		
	•			01/19/1995		
2. Principal P	Place of Business	2a. Mailing Address	en.	4. FEI Number		Applied For
11 210	Dience de Leon Dr	d 26 2100 Hove del	eon Shod	65-0555551	<del></del>	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			,	5. Certificate of Status Desired	•	Additional
n 1203					<del></del>	Required
City & State City & State			c 19	6. Election Campaign Financing		May Be
23 40/75		28 Coral Gaste	3 1 =	Trust Fund Contribution		d to Fees
ー <sup>Zip</sup> スス	12(1 Country)	Zip 33/34 Cou	البار ( )	8. This corporation owes the current year	ntangible ☐ Yes	□No
24 27	794.25 03	29 77 7 30 Sept.		Personal Property Tax.  10. Name and Address of New Register		
	9. Name and Address of Current	Registered Agent	81 Name	TO. Harrie and Address of the Register	<u> </u>	
CASTILLO, MARTHA CPA						
625 UNIVERSITY DRIVE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134			83			
001	THE CABLES TE SO TO T		• •			
	•		84 City		EL 85 Z	ip Code
	007.050	and 607 4500 Florida Statutas the a	have named come	pration submits this statement for the purpose		its registered
office or a	registered agent, or both, in the State 0	of Florida. Such change was authorized	ov the corporation	n's board of directors. I hereby accept the ap	pointment as	registered
agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505, Florida Stat	utes.			
SIGNATURE		(NOTE: Decisions	Agent signature required	when reinstating) DATE	_	
12.	Signature, typed or printed name of registered agent OFFICERS ANI		Agent signature required	ADDITIONS/CHANGES TO OFFICERS		TORS IN 12
TITLE	<u> </u>	DELETE 1.1 TO	TLE T		Chang	
NAME	CASTILLO, MARTHA CPA	1.2 N				
STREET ADDRESS	AND LINE PROPERTY BROKE		REET ADDRESS			
	CORAL GABLES FL 33134		TY-ST-ZIP			
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		<b>1</b>	REET ADDRESS			
STREET ADDRESS			TY-ST-ZIP	~		
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NAME	1 ,					
STREET ADDRESS		6.3 \$	TY-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 occurrence of the corporation or the occurrence of the corporation or the occurrence of the corporation of the occurrence of the corporation of the occurrence of the corporation of the occurrence of the occurrenc

SIGNATURE: