**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000010605

9482 N.W. 49 DORAL LANE					
MIAMI FL 33129-2051	9482 N.W. 49 DORAL LANE MIAMI FL 33129-2051				
Principal Place of Business	2a, Mailing Address				
1	26				
· I	0.3- 4-4 -4-				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
Suite, Apt. #, etc.	27 Suite, Apt. #, etc.				
<b>¬</b>	<del>  </del>				

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90020 036 \*\*\*150.00



Principal Place of Business Mailing Address					[ (881)881 ::e :aiet ai:ii aeiii aeiii aeii:			
9482 N.W. 49 DORAL LANE 9482 N.W. 49 DORAL LANE MIAMI FL 33129-2051 MIAMI FL 33129-2051					DO NOT WRITE IN THIS	S SPACE		
					ŀ	3. Date Incorporated or Qualifed	, oi 7.02	
						02/08/1995		
a Principal P	lace of Business	2a. Mailing Address				4. FEI Number	-T	Applied For
<u> </u>	acc of Basinsoo	26				65-0558517	H	Not Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.			$\neg \neg$		\$8.7	5 Additional
22	, 5.5.	27				5. Certificate of Status Desired	Fee	Required
City & State	e	City & State				6. Election Campaign Financing	\$5.0	0 May Be
23		28				Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Country	/		8. This corporation owes the current year in	ıtangible	
24	25	29 30				Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent		1		10. Name and Address of New Registered	Agent	
LODE	TO EDUADDO		81	Name				
	es, eduardo ! n.w. 49 doral lane		82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
	N.W. 49 DORAL LANE AI FL 33129-2051		_	ļ				
IMIAN	MI FL 33129-2031		83	1				
			84	City			85 Z	ip Code
						FI.		iaiata-ai
11. Pursuant	to the provisions of Sections 607.0502	! and 607.1508, Florida Statutes, to of Florida. Such change was autho	he abov rized by	e-named the corpo	corpor oration	ation submits this statement for the purpose o 's board of directors. I hereby accept the appo	ा changing pintment as	registered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	Statutes	3.		•		ì
SIGNATURE						DATE		
	Signature, typed or printed name of registered agent			nt signature r	equired w	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIBEC	TOPS IN 12
12.	OFFICERS AND	D DIRECTORS  DELETE	13.		PS		Chang	
TITLE	LOPES, EDUARDO	_ beech	12 NAME		Lo	pes:Eduardo		_
NAME	9482 N.W. 49 DORAL LANE			T ADDRESS	94	82 N.W. 49DoralLane		
STREET ADDRESS	MIAMI FL 33129-2051		1.4 CITY-5		MI	ami,F1 33178-2051		
CITY-ST-ZIP TITLE	D	☐ DELETÉ	2.1 TITLE	51-ZIP	D	****	Chan	ge Addition
NAME	LOPES, EDUARDO JR.		2.2 NAME		Lo	pes,Eduardo Jr.	21	
	9482 N.W. 49 DORAL LANE			T ADDRESS	94	82 N.W. 49 Doral Lan	ıe	
STREET ADDRESS	MIAMI FL 33129-2051		2. 4 CITY-		Mi	ami,Fl 33178-2051		
CITY-ST-ZIP	D		3.1 TITLE	51-211	_		x Chan	ge Addition
NAME	LOPES, FRANSICO JOSE		3.2 NAME		·		23	
STREET ADDRESS	9482 N.W. 49 DORAL LANE			T ADDRESS		pes,Francisco Jose		
CITY-ST-ZIP	MIAMI FL 33129-2051		3.4. CITY-		948	82 N.W 49 Doral Lane ami,Fl 331-78-2051		
TITLE	D		41 TITLE	··	חדנ	11111111111111111111111111111111111111	x Chan	ge Addition
NAME	LOPES, MARIA APACECIOA	j	4. 2 NAME		Lor	pes,MariaAparecida 82 N.W.49 Doral Lane	-7	
STREET ADDRESS			4.3 STREE	T ADDRESS	948	82 N.W.49 Doral Lane		
CITY-ST-ZIP	MIAMI FL 33129-2051	,	4.4 CITY-5		MIZ	AMI F1 331 78-2051		
TITLE		☐ DELETE	5.1 TITLE				Chan	ge Addition
NAME			5.2 NAME			•		
STREET ADDRESS			5.3 STREE	ET ADORESS				•
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		<u> </u>		
TITLE		☐ DELETE	6.1 TITLE				Chan	ge Addition
NAME			6.2 NAME					
		$\sim$ 1	63 STREE	T ADDRESS				

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 of supplemental annual report is the 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 composition or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, and an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-21-99