Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90020 021 \*\*\*150.00

FLORIDA DEPARTMENT OF STATE

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

**PROFIT CORPORATION** ANNUAL REPORT 1999



**Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

<ol> <li>Corporation</li> </ol>	MENI# <b>P9500(</b> BAAM, CORP.	0016254			Ēw.					
Principal Place	e of Business	Mailing Addres					IV 18681 VIIII 8VIII 81	<b>   </b>	FIELD BILL HARD	
OARROW WHITE WARRENCY WARRENCY VICTORIAN WARRENCY V										
MIRMITE - 939-55- AAAAA				_						
		15031 S.					DO NOT WRI	TE IN THIS	SPACE	
		Miami, F	1. 33186	,		3. Date Incorpora 02/27/1995				{
2 Dringing D	lace of Business	2a. Mailing Ad	dross			4. FEI Number	· · · · · · · · · · · · · · · · · · ·		I An	plied For
<b>—</b>	lace of business	26 Walling Ad	—			65-0557496			<u> </u>	t Applicable
Suite, Apt.	# etc	Suite, Apt.	# etc			100 0001 40	<u> </u>		\$8.75 A	
22	n, cic.	27	<del>_</del>			5. Certifcate of Status Desired			Fee Required	
City & State	e		City & State			6. Election Campaign Financing S5.0				May Be
23 28			•			Trust Fund Contribution Added to Fees				
Zip Country Zip			Country			8. This corporation owes the current year Intangible				
24	25	29	30			Personal Prop	erty Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agen	t		·	10. Name and Ad	Idress of New F	legistered	Agent	
COV	THAN C			81	Name					
	, <b>Juan C</b> Exemple XXX 150	031 S.W. 13	6 PI	82	Street Add	dress (P.O. Box Number	er is Not Accepta	ible)		
			i, F1. 33186			`				
WINA	Mrtre-Satas	amr, rr. 33	100	83	•	1				Ì
				84	City	!			85 Zip C	Code
	to the provisions of Sections 607.05		.i		· 1	<u> </u>		<u> </u>		
office or n	registered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such cha ations of, Section 60	ange was autho 7.0505, Florida	Statutes	the corporati	ion's board of directors	s. I hereby accer	ot-the appoi	ntment as rec	
12.		ND DIRECTORS	······································	13.			IANGES TO OF	FICERS AN	ND DIRECTO	RS IN 12
TITLE	PSTD	☐ DELETE 1.1 T		1.1 TITLE					Change	Addition
NAME	COY, JUAN C		1.2 NAME							
STREET ADDRESS	XX480X S.XXX XASTHX STREETK			1.3 STREET	T ADDRESS	15031 S.W.				
CITY-ST-ZIP	MALAIMIXELX38X56X			1.4 CITY-S	T-ZIP	Miami, Fl.	33186 ·			
TITLE			DELETE	2.1 TITLE		ŀ			Change	☐ Addition
NAME				2.2 NAME						
STREET ADDRESS				2.3 STREE	T ADDRESS					1
CITY-ST-ZIP			_	2. 4 CITY-5	ST-ZIP					
TITLE			DELETE	3.1 TITLE					Change	☐ Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE	TADDRESS					
CITY-ST-ZIP				3.4. CITY-5	ST-ZIP				- C	Addition
TITLE			DELETE	4.1 TITLE			•		Change	L.J AUGILIOIT
NAME				4. 2 NAME						
STREET ADDRESS					TADDRESS					
CITY-ST-ZIP			DELETE	4.4 CITY-S	T-ZIP				Change	☐ Addition
TITLE		Ц	DELETE	5.1 TITLE 5.2 NAME			•			,didoi)
NAME					TADDOESS					
STREET ADDRESS					T ADDRESS					
CITY-ST-ZiP			DELETE	5.4 CITY-S 6.1 TITLE	1-23*				☐ Change	Addition
TITLE		U	DELETE	6.2 NAME					- Subudo	٠
NAME			Į.		T ADDRESS					
STREET ADDRESS	<b>)</b>			J.J JINCE	. ,					

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

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Juan-C. URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-828-5302