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 # P95000019100

1. Corporation Name

Principal Place of	f Business	Mailing Address		
1080 N.W. 163RD DR MIAMI FL 33145		1080 N.W. 163RD D Miami FL 33145	OR .	
2. Principal Plac	e of Business	2a. Mailing Addres	s	
21 Suite, Apt. #, etc. 22 City & State		26 Suite, Apt. #, e	tc.	
		City & State		
 -1		28		j
City & State 23 Zip	Country	28 Zip	Country	

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90122 013 ***150.00



MIAMI FL 33145 MIAMI FL 33145				DO NOT WRITE IN THIS S	PACE		
					3. Date Incorporated or Qualifed		
					03/09/1995		
2. Principal Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21	26				65-0569226		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional e Required
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
Zip Country	Zip 29	Coun	try		This corporation owes the current year Inter- Personal Property Tax.	ngible Yes	□No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered A	gent		
STOLAR, DAVID M			81	Name			
1350 KANE CONCOURSE			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
BAY HARBOR ISLANDS FL 33154	ļ	7	83				
		<u> </u>	84	City		85	Zip 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 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NO)	E: Registered Agent signature r	required when rejustating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETÉ	1.1 TITLE	☐ Change ☐ Addi	ition
NAME	BAKULA, GUILLERMO	1.2 NAME		
STREET ADDRESS	1080 N.W. 163RD DR	1.3 STREET ADDRESS		1
CITY-ST-ZIP	MIAMI FL 33145	1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addi	ition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addi	ition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addi	ition .
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETÉ	5.1 TITLE	☐ Change ☐ Addi	ition
NAME		5.2 NAME		
STREET ADDRESS	•	5.3 STREET ADDRESS	•	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addi	ition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP	att, that the information making mith this Clina days and another the	6.4 CITY-ST-ZIP	t in Section 119.07(3)(i). Florida Statutes, I further certify that the information	n

indicated on this annual report or supplied with this limits does not qualify for the exemption stated in Section 113.07(3)(f), indical statutes. Indicate the first 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 of an attachment with an address, with all other like empowered.

SIGNATURE: <