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

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90011 047 ***150.00

DOCUN 1. Corporation RENEE'S		0019221					
Principal Place	of Business	Mailing Address				8) ((81 8 814 6)(8)(1 14 8 01 [10] 148 1
5721 N.W. 28TH ST. 5721 N.W. 28TH ST. LAUDERHILL FL 33313 LAUDERHILL FL 33313 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
					03/09/1995		0-45
——, ·	lace of Business	2a. Mailing Address			4. FEI Number 65-0567283	· · · — —	ot Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					_		Additional
22 27					5. Certificate of Status Desired	Fee R	equired
City & State City & State				-	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip					8. This corporation owes the current year		
24	25		30	-	Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent	81 N	ame	10. Name and Address of New Registere	a Agent.	
GUTIERREZ, LINDA 5721 N.W. 28TH ST. LAUDERHILL FL 33317				_	ess (P.O. Box Number is Not Acceptable)		
				-			
0.00			83			1	0.4.
			84 C	ity	F	L 85 Zip	Code
ı	Signature, typed or printed name of registered ag	ez Suda	Registered Agent sig	70110	oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate of the purpose on's board of directors. I hereby accept the appropriate of the purpose on the purpose of the pur	99	
TITLE	DP CITIEERS X	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	GUTIERREZ, LINDA		12 NAME				
STREET ADDRESS	5721 N.W. 28TH ST.		1.3 STREET ADD	PRESS			
CITY-ST-ZIP	LAUDERHILL FL		1,4 CITY-ST-ZIF	<u> </u>			
TITLE	DVPS	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	GUTIERREZ, LUIS 5721 N.W. 28TH ST.		2.2 NAME 2.3 STREET ADI	nocee			
STREET ADDRESS CITY-ST-ZIP	LAUDERHILL FL		2.4 CITY-ST-ZI				
TITLE	ENOUGH HEET E	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADO	1			
CITY-ST-ZIP		□ DELETE	3.4. CITY-ST-ZI	P		☐ Change	Addition
TITLE			4.1 IIILE 4.2 NAME			onange	
NAME STREET ADDRESS			4.3 STREET ADI	DRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIF		<u>. </u>		
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME		· .		
STREET ADORESS			5.3 STREET ADO	Ì			
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZII 6.1 TITLE	-		☐ Change	. Addition
NAME		Deceie	62 NAME				
STREET ADDRESS			6.3 STREET ADI	DRESS	•		į
JINEEL ADDRESS			64 CITY-ST-78				

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.

SIGNATURE: LINDA: Cotherres June Sultiture
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR BIRECTOR

3-34-99 954-485-3244 Date Daytime Phone # CR2F034 (11