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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000022026

PURA SA	ALUD GNC NO. 3 INC.				
Principal Place	e of Business	Mailing Address		-	INTERNATIONAL PROPERTIES
2520 SW CORA	L WAY	13615 S. DIXIE HWY			
SUITE 6 MIAMI FL 33156			DO NOT WRITE IN T	THIS SDACE	
MIAMI FL 33145 US			3. Date incorporated or Qualifed	HIS SPACE	
				03/17/1995	
2. Principal Pl	lace of Business	2a. Mailing Address	Aspat Wast	4. FEI Number	Applied For
21		2a. Mailing Address 26 2520 S.W. Suite, Apt. #, etc.	CONDITIONS	65-0600876	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.			5. Certifcate of Status Desired	Fee Required
Ciby 8 State		27 Suite # 6		a Floring Compaign Financing	\$5.00 May Be
City & State	e	28 Miami Fla.	Mami Dade	6. Election Campaign Financing Trust Fund Contribution	Added to Fees
23 Zip	Country	Zip	Country	This corporation owes the current year	
24	25	29 33145 3		Personal Property Tax.	☐Yes ☐No
	g. Name and Address of Current	1-01		10. Name and Address of New Registe	red Agent
CAS	TELLOW, BARNEY		81 Name		
	COARL WAY #6		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
MIAN	AI FL 33145		83	7)_44.	
			84 City		FL 85 Zip Code
11. Pursuant office or reagent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	2 and 607.1508, Florida Statutes of Florida. Such change was aut ions of, Section 607.0505, Florid	, the above-named corp horized by the corporation la Statutes.	oration submits this statement for the purposon's board of directors. I hereby accept the a	e of changing its registered ppointment as registered
SIGNATURE	Signature, typed or printed name of registered agent		egistered Agent signature require	d when reinstating) DATE	<u> </u>
	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable (NOTE: R		d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
SIGNATURE		and title if applicable (NOTE: R	egistered Agent signature require	J	·
SIGNATURE	OFFICERS AND	and title if applicable (NOTE: R	egistered Agent signature require	J	S AND DIRECTORS IN 12
SIGNATURE 12. TITLE	OFFICERS AND	and title if applicable (NOTE: R	egistered Agent signature required 13. 1.1 TITLE	J	S AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	OFFICERS AND V CASTELLON, TAMARA	and title if applicable (NOTE: R	egistered Agent signature requirer 13. 1.1 TITLE 1.2 NAME	J	S AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND V CASTELLON, TAMARA 2520 CORAL WAY #6	and title if applicable (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	J	S AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND V CASTELLON, TAMARA 2520 CORAL WAY #6	and title if applicable (NOTE: RD DIRECTORS DELETE	egistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	J	S AND DIRECTORS IN 12 Change Addition
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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 aprical 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 of 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 an address, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE

305-860-9676