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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90091 039 ***150.00

DOCUI	MENT # P95000	<i>J</i> U247 13				
 Corporation 	O SERVICE CORP.					
Principal Place	e of Business	Mailing Address		() OBS 1) OPE 1 TO 1910 I OTIN OF 11 TO 11	00211 00118 [1011 82B11 1991	B)
. 2600 S.W. 137TH AVENUE 14550 S.W. 151ST TERRAC			ACE			
MIAMI FL 33175 MIAMI FL 33186			DO NOT WRITE IN THIS SPACE			
				3. Date incorporated or Qualifed	. IN THIS SPACE	
				03/28/1995		
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	A	pplied For
21		26		65-0567416		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	1 1	Additional
22		27		3. 331110010 5. 310100 5.30100		Required
City & State	e	City & State		6. Election Campaign Financing	11	May Be
23	Causta	28 Zin	Country	Trust Fund Contribution		to Fees
Zip	Country	Zip	30	This corporation owes the current Personal Property Tax.	ntyear≀intangible ☐Yes	₽ No
24	9. Name and Address of Curre	29 nt Registered Agent	30	10. Name and Address of New Re		-
	g, realite and radices of Carre		81 Name		*	
	NDO, BAYARDO		82 Street Add	Josep (D.O. Day Number is Not Assentable	<u></u>	
14550 S.W. 151ST TERRACE		82 Street Add	Iress (P.O. Box Number is Not Acceptabl	ie)		
MAIM	M FL 33186		83			
			84 City		85 Zip	Code
			O-F City			0000
office or re	egistered agent, or both, in the State	eot Florida. Such change was	s autnorized by the corporat	poration submits this statement for the puion's board of directors. I hereby accept t	proose of changing it	s registered - egistered
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligations of the state of	e of Florida. Such change was ations of, Section 607.0505, f	s autnorized by the corporat	ion's board of directors. Thereby accept to	proose of changing it	s registered - egistered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Florida, Such change was ations of, Section 607.0505, function and title if applicable. (NO DIRECTORS	S authorized by the corporatification Statutes. DTE: Registered Agent signature requirements 13.	ion's board of directors. Thereby accept to	urpose of changing it the appointment as r DATE CERS AND DIRECT	ORS IN 12
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SIGNATURE: 4/ SIG

URE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

03-15-99

Daytime Phone #

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