COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

an officer or director of the corporation in Block 12 or Block 13 if shanged, or



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Sep 13, 1999 8:00 am Secretary of State

09-13-1999 90007 040 ***550.00

OCUMENT #	P95000027682
Comoration Name	1 3300002100

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ncipal Place	e of Business	Mailing Address			
CRANDON	BLVD	251 CRANDON BLVD			
208 APT 323		_	DO NOT WRITE IN	I THIS SDACE	
BISCAYNE	FL 33149	KEY BISCAYNE FL 3314 US	9	3. Date Incorporated or Qualified	TINIO SEACL 7.
		00		04/06/1995	
Principal P	lace of Business	2a. Mailing Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number	Applied For
· · · · · · · · · · · · · · · · · · ·		26		65-0426121	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27		3. Oblinicate of Otation Doorlog	Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
		28		Trust Fund Contribution L	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current y	ear Yes No
	25	Current Registered Agent	30	Intangible Personal Property. 10. Name and Address of New Regis	
	9. Name and Address of	f Current Registered Agent	81 Name	· · · · · · ·	
BRIT	O, LUIS G/			Miriam De 1020	
	LINCOLN ROAD		82 Street /	Address (P.O. Box Number is Not Acceptable)	
SUIT	E 578	•	83	1, 1,0,1,1,0,1	
MIAN	N BEACH FL 33139		0.1		85 Zip Code
			84 City	iral Gables	FL 33/46
Pursuant	to the provisions of sections	607.0502 and 607.1508, Florida Stati	stee the chave named or	emoration submits this statement for the nurnos	e of changing its registered
office or	registered agent, or both, in th am familiar with, and accept the	he State of Florida. Such change wa	s authorized by the corpo	ration's board or directors. Thereby accept the	
office or agent. I a	registered agent, or both, in the am familiar with, and accept the	he State of Florida. Such change wa he obligatione of, section 607 0505	s authorized by the corpo	ration's board of directors. Thereby accept the	7.99
office or	Strature, typed or printed name of regi	he State of Florida. Such change wa he obligations of, section 607 9505 stered egent and title if applicable.	s authorized by the corporation of the corporation	required when reinstating)	7. 99 DATE
office or agent. I a	senature, typed or printed frame of region	the State of Florida. Such change was the obligatione of, section 607 0505. Interest agent and the if applicable. ERS AND DIRECTORS	s authorized by the corporational Statutes. (NOTE: Registered Agent signature) 13.	9.	7. 99 DATE RS AND DIRECTORS IN 12
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