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PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE/



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION CF CORPORATIONS

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Principal Place				iling Address				-							
6291 SW 40 ST MIAMI FL 03155			1 SW 40 ST. MI FL 33155-4883												
US	3 1000	US							DO NOT I	WRITE I	N THIS	SPACE	Ē		
									Date Incorpor 04/25/199		ifed				
2. Principal Pl	lace of Business		2a.	Mailing Address				- 1	FEI Number				— T	App	lied For
11			26	26					65-065549	)3				Not	Applicable
Suite, Apt. #, etc.			<del></del> 1	Suite, Apt. #, etc.				5.	Certificate of S	Status Desire	d [	)	\$8.75 Additional Fee Required		
City & State	e		27	City & State					Election Cam	naign Financ	ina			:	lay Be
23	-		28						Trust Fund Co		""9 ( <u>_</u>	]		ded to	
Zip		Cour try		Zip	Cou	intry		8.	This cr rporati	on owes the	current y	year nt	angible		
24	25		29		30	,			Personal Prop				☐ Yes	<u> </u>	<u></u>
	9. Name and	Address of Curr	rent Regist	ered Agent		81	Name	10.	Name and A	ddress of No	ew Regi	stered	Agent		
SOS	A, GONZALO						name								
1601	1 S.W. 83RD S	TREET				82	Street Addr	ress (P.	.O. Box Numb	er is Not Acc	eptable)	}			
MIAM	/II FL 33193					83									
						84	City						85	Zip Co	de
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11. Pursuant t	to the provisions o	of Sections 607.0	502 and 60	7.1508, Florida Si	tatutes, the a	ibove-r	named corp	oration	submits this	statement for	the purp	oose of	changir ntment	ng its re as regi	gistered tered
office or re	egistered agent, o	r bot i, in the Sta	ite of Florida	07.1508, Florida Si a. Such change w Section 607.0505	as authorized	J by th	named corp e corpora k	ooration on's bo	submits this sard of director	statement for s. I hereby a	the purpose the	oose of	changir ntment	ng its re as regi	gistered tered
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FED OR PRIN ED NAME OF SIGNING OFFICER OR DIRECTOR