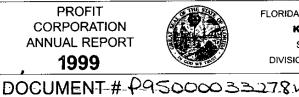
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 17, 1999 8:00 am Secretary of State

05-17-1999 90045 020 ***150.00

Principal Place of Business	Mailing Address						
6555 H.W. 365T.	P.O. Pol	591	03RC				
50'ITR 328	P.O. Box Miani))	22159	DO NOT WE	RITE IN THIS	SPACE	
UIRBINIA GARDOLS, PC. 33166		1,		3. Date Incorporated or Qualifed)	
CITE CHIEDRIS, FC	. 55166			4/28/	95 ·		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	ا کار	V	Applied For
21	26			65-0589	345		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			5 Additional Required
City & State	City & State			6. Election Campaign Financing			00 May Be
23	28			Trust Fund Contribution			ed to Fees
Zip Country	Zip	Countr	ту	8. This corporation owes the cur	rrent year Inte	angible	
24 25	29	30] -		Personal Property Tax.		Yes_	XNo
9. Name and Address of C	urrent Registered Agent		1 Nama	10. Name and Address of New	Registered	Agent	
RICARDO RAULLO		8	1 Name				
755 WEST 22 STREET		8:	2 Street Add	Iress (P.O. Box Number is Not Accep	s (P.O. Box Number is Not Acceptable)		
HIALLAH, FC. 330		8	3				
ATACEAT, I C. SOL						las 3	in Code
		8	4 City		FL	85 Z	ip Code
SIGNATURE //	1 auch	rida Statute			DATE		
Signature typed or printed name of register		Registered Ag		ed when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AN	ID DIREC	CTORS IN 12
Signal of printed name of register 12. OFFICER TITLE ORGANICATION SIGNAL OFFICER	S AND DIRECTORS DELETE		ent signature require			ID DIREC	
Signification of register of the state of th	S AND DIRECTORS DELETE	Registered Ag	ient signature requiri				
12. OFFICER TITLE PRESIDENT/DICE NAME CARLOS RAVE STREET ADDRESS 11412 S.W. 190	S AND DIRECTORS RCTOR DELETE LO TERRACE RD.	13. 1.1 TITLE	ient signature requiri				
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SIGNING OFFICER OR DIRECTOR