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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P95000037446
4 Composition Name	

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90108 025 \*\*\*150.00

<ol> <li>1. Corporation</li> </ol>	TIONAL FIDELITY INVESTO								
Principal Place of Business Mailing Address						1 (88:100) ((9.10(9) 9())) squit squit sq	HII 48111 98144	11317 J <b>UB</b> 11 WIWII W	
2000 SOUTH DIXIE HIGHWAY 2000 SOUTH DIXIE HIGHWA			Y					*	
SUITE 104-A		· SUITE 104-A				DO NOT MEDI	TE (A) 71.80	CDACE	
MIAMI FL 33133 MIAMI FL 33133					-	DO NOT WRITE IN THIS SPACE			
				.,		<ol> <li>Date Incorporated or Qualifed 05/09/1995</li> </ol>			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		<u> </u>	olied For
21		26				65-0580039			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		<b>\$8.75</b> A Fee Red	I
22		City & State					•	\$5.00	<del></del>
City & State	е	28)		Election Campaign Financi     Trust Fund Contribution				Added to	
<b>23</b> Zip	Country	Zip	Country			8. This corporation owes the cur	ent vear Int		
24	25	F '	30			Personal Property Tax.	,		□No
24	9. Name and Address of Current		-			10. Name and Address of New	Registered .	Agent	
			81	Name					
	ina, angela		82	Street /	Address	s (P.O. Box Number is Not Accept	able)		
	S DIXIE HIGHWAY		02	Outer	100163	(1.0. Box Names) a viety teeppe			
	E 104-A		83						
MIAN	M FL 33133		84	City				85 Zip C	ode
							. FL	'	
office or re agent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligated signature, typed or public name of registered agen	of Florida, Such change was automs of Section 607.0505, Flori	thorized by	tne corpo	rations	s board of directors. I nereby acce	pt the appoin	iuneni as reg	gistered
12.	OFFICERS AN		13.		•	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			CTOR		☐ Change	Addition
NAME	OSPINA, ANGELA A		1.2 NAME		B∉k	T VELUNZA O SOUTH DIXIE HIGHO	رے محد		
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CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY-ST	Γ-ZIP	MI	AMIL FLOWING 33133	•		
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NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET	ADDRESS					
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·		ET 61	
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME	ļ		•			\
STREET ADDRESS			3.3 STREET	ADDRESS					ļ
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NAME			4. 2 NAME						
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NAME CYPET ADODESC			5.3 STREET	ADDRESS					ſ
STREET ADDRESS			5.4 CITY-S						
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- 1 1 Martin		<del>-</del>	1	-				r*	1
NAME			6.2 NAME	I		•			· · · · · · · · · · · · · · · · · · ·
NAME STREET ADDRESS			6.2 NAME 6.3 STREET	ADDRESS		•		•	ſ

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 annual 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 or 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 with an address, with all other like empowered.

SIGNATURE:



(305) 285-0101