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 # P95000041000

		(2) 21 35
Principal Place of Business Mailing Address		/Bill 8811 1981
1225 EAST LAS OLAS BLVD. 628 SW 22 AVENUE		
FORT LAUDERDALE FL 33301 MIAMI FL 33145 ' DO NOT WRITE IN THIS SP.	PACE	
US 3. Date Incorporated or Qualified	7.02	
05/24/1995		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	App	plied For
21 29 59-1592677	Not	t Applicable
	\$8.75 A	
22 S. Certificate of Status Desired	Fee Rec	quired
	\$5.00	
23 Trust Fund Contribution	Added to	3 Fees
Zip Country Zip Country 8. This corporation owes the current year Intang		□No
24 25 25 30		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Age 81 Name	,0111	
SOSA ARTURO R		
2135 SW 19TH STREET 82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33145		
84 City FL	85 Zip C	
QA Cib.	anging its	registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of characteristic office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointmagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	anging its	registered
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CITY-ST-ZIP 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

□ DELETE

3-19-99

305-541-6400

Change

☐ Addition

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90144 006 ***150.00