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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

•	1999	G. W. I.S.	DIVISION OF C	ORPOF	ITAS	ONS		03-22-1999 90095 0)04 *	·**150	.00	
i. Corporation	MENT # P9	5000058	599									
Bringing Blace	of Rusiness	Maili	ng Address				{					
Principal Place of Business Mailing Address 5788 BIRD ROAD 5788 BIRD ROAD									•			
MIAMI FL 33155 MIAMI FL 33155								DO NOT WRITE IN TH	ue er	MCE		
							-	3. Date Incorporated or Qualifed	13 31	ACE		
								07/26/1995				
2. Principal Place of Business 2a. Ma			Mailing Address					4. FEI Number 65-065025	33	А	pplied For	
21		26				_4	NOT-APPLICABLE			ot Applicable		
Suite, Apt.	#, etc.	27 S	Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required				
City & State	9		City & State				\dashv	6. Election Campaign Financing			May Be	
23		28	•				ľ	Trust Fund Contribution		•	to Fees	
Zip	T 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				Country			8. This corporation owes the current year		_		
24	25	29		30			_	Personal Property Tax.		Yes	□No	
_	9. Name and Address	s of Current Register	red Agent		81	Name		10. Name and Address of New Registere	ia Ag	ent		
GUELL, RAYMOND					Ш							
5788 BIRD ROAD					82 Street Addres			s (P.O. Box Number is Not Acceptable)				
MIAMI FL 33155					83							
					84					95 7in	Code	
					i			FL				
office or F	to the provisions of Section egistered agent, or both, in m familiar with, and accep	n the State of Florida.	Such change was at	ithonze:	ınv	the comora	orpora ation's	ation submits this statement for the purpose s board of directors. I hereby accept the app	of cha pointm	anging it sent as r	s registered egistered	
SIGNATURE		The state of the s	-6Ll- AlOTE	Dogistored	Agan	it signature requ	cited tel	hen reinstatino) DATE				
12.	Signature, typed or printed name of OF	FICERS AND DIREC		13.	Agen	it signature requ	ulled W	ADDITIONS/CHANGES TO OFFICERS	AND	DIRECT	ORS IN 12	
TITLE	D		DELETE	1.1 TI	TLE				Ε	Change	☐ Addition	
NAME	GUELL, RAYMOND			1.2 N	AME							
STREET ADDRESS					1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33155			_	TY-ST	T-ZIP				Change	Addition	
TITLE			☐ DELETE	2.1 TI 2.2 N						7 ctiquide	L Addition (
NAME STREET ADDRESS						ADDRESS						
CITY-ST-ZIP						T-ZIP					}	
TITLE			DELETE	3,1 TI		1			[Change	☐ Addition	
NAME				3.2 N	AME							
STREET ADDRESS				3.3 5	TREET	ADDRESS						
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			_		T-ŽIP			 -	7.Ch	☐ Addition	
TITLE			☐ DELETE	4.1 TI					L	_) Change	☐ ∀ddiggl	
NAME				4.2 N		T ADDRESS					Ì	
STREET ADDRESS CITY-ST-ZIP					TY-S1							
TITLE			☐ DÉLETE	5.1 TI		-				Change	Addition	
NAME [5.2 N	AME							
STREET ADDRESS				5.3 ST	TREET	ADDRESS						

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.

5.4 C/TY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



☐ Change

☐ Addition