03-04-1999 90170 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000062224

1. Corporatio	NAME PSOUDO	J02224					
Principal Plac	e of Business	Mailing Address				a n ama ak an al a m da	
20911 JOHNSON ST. 20911 JOHNSON ST.							
SUITE 106 SUITE 106							
PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029			9		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 08/11/1995	_ .	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
21 26					65-0601204	<u> </u>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8:75 A	dditional
22		27			5. Certificate of Status Desired	Fee Re	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Re	
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25 29 3		30		Personal Property Tax.		□No
	9. Name and Address of Curren			<u></u> ,	10. Name and Address of New Registers	d Agent	
			81	Name			
TRAGAR, ROSS P.A. 1000 N. HIATUS RD.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
SUITE 110			-				
PEMBROKE PINES FL 33026			83				
PEMBRONE TINES TE 35020			84	City		■ 85 Zip C	ode
					F		
office or r agent. I a	m familiar with, and accept the doligat	tions of Section 607.0505, Flo	uthorized by the rida Statutes.		oration submits this statement for the purpose on's board of directors. I hereby accept the applications of the purpose of when reinstating)	wintment-as reg	jistered — -
12.	Signature, typed or printed name of registered agent OFFICERS AN		13.	agnature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	PS IN 12
TITLE	PSTD	□ DELETE	1.1 TITLE		ADDITIONO/CHANGES TO CITICENS	Change	Addition
NAME	BLANCO, RAINEIRY		1.2 NAME			_	
STREET ADDRESS			1.3 STREET A	DDDEES			
}	PEMBROKE PINES FL 33029		- I	- 1			}
CITY-ST-ZIP TITLE	PEMIDRORE PINES PL 33029		1.4 C/TY-ST-7 2.1 TITLE	ZIP		Change	Addition
						ontainge	
NAME			2.2 NAME				ſ
STREET ADDRESS			2.3 STREET A				
CITY-ST-ZIP			2.4 CITY-ST- 3.1 TITLE	ZIP		Change	Addition
			3.2 NAME			Citalige	C Addition
NAME					<u> </u>	*	1
STREET ADDRESS			3.3 STREET A				
CITY-ST-ZIP			3.4. CITY-ST-	ZIP		☐ Change	Addition
TITLE			4.1 TITLE			[_] Charige	☐ reduition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET A				
CITY-ST-ZIP TITLE			4.4 CITY-ST-2	ZIP		☐ Change	Addition
	}	□ Ortri IE	5.1 TITLE 5.2 NAME	}		□] Glange	
NAME PERFECT ADDRESS			5.3 STREET A	nopese			
STREET ADDRESS			5.4 CITY-ST-2				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	-"		☐ Change	Addition
NAME		ביי סבבנינ	6.2 NAME			L.J. Ollarige	
CTDEET ADDOCSS			63 STREET A	NUDE 66			

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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NATURE AND DEPENDENCE OF SIGNING OFFICER OR DIRECTOR

2-8-99

954-704-1155

2F034 (11/98)