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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000074174

1. Corporation Name

23 REAL	.FY, ING.												
Driver at Disease	of Business		Mailing Address	<del></del>	-				ABA BANK BERNI AF	HIR <b>ko</b> ifi kalel i			
Principal Place													
			PO BOX 440533 MIAMI FL 33144					ı:					
MIAMI FL 33145								DO NOT WRITE IN THIS SPACE					
US								<ol><li>Date Incorporated</li></ol>	or Qualifed	_			
								09/26/1995					
2. Principal Pl	lace of Business		2a. Mailing Address		_		,	4. FEI Number				Applied	For
21			26					65-0610216				Not App	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certifcate of Statu	is Desired		¥	5 Additio	
22			27					S. Certificate of State	3 Dealled		Fee	Require	d d
City & State	e		City & State					6. Election Campaig	n Financing		,	0 May 1	
23			28					Trust Fund Contri	pution		Adde	ed to Fee	s
Zip		Country	Zíp	c	country	,		8. This corporation of	wes the curr	ent year Int		-4	
24	25		29	30				Personal Property		_	☐ Yes_	Z(No	•
	9. Name and	Address of Current	Registered Agent			T		10. Name and Addre	ss of New I	Registered	Agent		
	TERA, AMADA				81	Street	Addres	s (P.O. Box Number is	Not Accept		· .	<del></del>	
	AI FL 39125-	•			83		3 <i>0</i>	O CORAL	way		<u> </u>		
	MITE 55125				63						* 1		}
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I office or to	egistered agerit	or both, in the State of	and 607.1508, Florida S Florida. Such change w	as authoriz	zea by	the corpo	corpor oration	ation submits this state 's board of directors. I	ment for the hereby acce	purpose of pt the appoi	changing ntment as	its regist register	tered ed
agent. I a	m familiə† wj#1, a	ind acpept the obligation	ons of, Section 607.0505	, riorida Si	tatutes	i.				1 - 1			
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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 suppliemental 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 or an attaghment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR