PROFIT . **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000086394V (0)

1. Corporation Name_

Apr 14, 1999 8:00 am Secretary of State

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47	MART, FL 3499		TWART, F			OO NOT WRITE	IN THIS SPACE		
T.	2		•	<u> </u>	77 / / /	3. Date incorporated or Qualifed	IN THIS SPACE		7
المنائد	.5	1	us.						
2. Principal	Place of Business	2a. Mailing	Address			4. FEI Number	l l a	plied For	1
21	Tiboo of Casillado	26	radicas			65-0623117	_ — —	t Applicable	1
Sulte, Api	t, #, etc.		Apt. #, etc.			,	\$8.75	Additional	1
22		27				5. Certificate of Status Desired		equired	
City & Sta	ate	City &	State			6. Election Campaign Financing	\$5.00	May Be	1
23		28				Trust Fund Contribution		to Fees	j
Zip	Country	Zip		Country	,	8. This corporation owes the curren	t year Intangible		
24	25	29	30	<u> </u>		Personal Property Tax.	I √es	□No	
	9. Name and Address of Curre	ent Registered Ac	gent		T	10. Name and Address of New Reg	gistered Agent		1
	MAGRAME ARA	ISI E		81	Name				
	MAGRAME, DAN 5633 SE LAMA	70		82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		1
	3633 SE CHIVIA	7 66					<u> </u>		1
	STUART, FL.	3777 /		83					
·				84 City			F1 85 Zip (Code	
11. Pursuan	it to the provisions of Sections 607.05	02 and 607.1508,	Florida Statutes,	the above	e-named corpo	oration submits this statement for the pu	mose of changing its	registered	1
office or	registered agent, or both, in the State	e of Fiorida. Such	change was auth-	orized by	the corporatio	in's board of directors, I hereby accept the	he appointment as re	gistered	
agent i	am familiar with, and accept the oblig	ations of Section	807 0505, Florida	Statutes		,,		-] .
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agent. 1	am familiar with, and accept the oblig	ations of, Section	607.0505, Florida	a Statules	nt eignature required		DATE		€
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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 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an address, with all other like empowered.

SIGNATURE:

Scotcheldr BUY SCOT