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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P95000088292 1. Corporation Name

•			
Principal Place of Business 16630 SW 147TH AVENUE MIAMI FL 33186-1402	Mailing Address		
	16830 SW 147TH AVENUE MIAMI FL 33186-1402		

## **FILED** Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90060 005 \*\*\*150.00

•	INC.						
rincipal Place of Business	Mailing A	ddress					
630 SW 147TH AVENUE		147TH AVENUE		;			•
1630 SW 1471H AVENUE IAMI FL 33186-1402		33186-1402		!		ITE IN THIS SPACE	<u> </u>
				•	3. Date Incorporated or Qualifect	<del>,</del>	
					11/14/1995 4. FEI Number	<del></del>	Applied For
. Principal Place of Business	2a. Mailir	ng Address				H	Not Applicable
. Principal Flags 6. See	26				65-0619113	\$8.7	5 Additional
Suite, Apt. #, etc.	Suite	, Apt. #, etc.			5. Certifcate of Status Desired	F I 7 -	Required
]	27				6. Election Campaign Financing	\$5.	00 May Be
City & State	<b>⊢</b> , ′	& State			Trust Fund Contribution	Add	led to Fees
ß	28 Zip		Country		8. This corporation owes the cu	rrent year Intangible	
~ih	<u> </u>	30	-ı `		Personal Property Tax.	Yes	<del>I</del> ⊋∕No
25	29     ddress of Current Registered				10. Name and Address of New	Registered Agent	
9. Name and A	garess of Current Registered		81	Name			
STEVENS, WALLACE	<b>W</b>		82	Street Addre	ess (P.O. Box Number is Not Acce	ptable)	
16630 SW 147TH AV	ENUE		Ĺ	2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Same a
MIAMI FL 33186-140			83			经制度提出 雞魚 经通过证券	1111 16 3 . 114
			84	City		FL 85	Zip Code
		_	ļ ·	-	oration submits this statement for ton's board of directors. I hereby ac		na its reaistered
11. Pursuant to the provisions of office or registered agent, or agent. I am familiar with, an SIGNATURE		_	Registered Ager	nt signature require	duman minetation)	DATE	
SIGNATURE Signature, typed or print	ed name of registered agent and title if applie OFFICERS AND DIRECTO	cable. (NOTE: F	Registered Ager	nt signature require	d when reinstating) ADDITIONS/CHANGES TO	DATE	CTORS IN 12
SIGNATURE Signature, typed or print  12.  TILE D	ed name of registered agent and title if applie OFFICERS AND DIRECTO	cable. (NOTE: F	13.	nt signature require	duman minetation)	OFFICERS AND DIRE	CTORS IN 12
SIGNATURE Signature, typed or print  12.  TILE D STEVENS, WA	of name of registered agent and title if applie OFFICERS AND DIRECTO	cable. (NOTE: F	13. 1.1 TITLE 1.2 NAME	nt signature require	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE	CTORS IN 12
SIGNATURE Signature, typed or print  12.  TILE D STEVENS, WA STREET ADDRESS 16330 SW 14*	ed name of registered agent and title if applie OFFICERS AND DIRECTO ALLACE W 7TH AVENUE	cable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature require	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE	ECTORS IN 12 ange ☐ Add
SIGNATURE  Signature, typed or print  12.  ITTLE  VAME  STEVENS, WA  STREET ADDRESS  16330 SW 14  AMANUEL 321	ed name of registered agent and title if applie OFFICERS AND DIRECTO ALLACE W 7TH AVENUE	cable. (NOTE: F	13. 1.1 TITLE 1.2 NAME	nt signature require	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE	ECTORS IN 12 ange ☐ Add
SIGNATURE  Signature, typed or print  12.  ITTLE  NAME  STEVENS, WA  16330 SW 14  MIAMI FL 331	ed name of registered agent and title if applie OFFICERS AND DIRECTO ALLACE W 7TH AVENUE	cable. (NOTE: F IRS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature require  T ADDRESS  ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE	ECTORS IN 12 ange ☐ Add
SIGNATURE  Signature, typed or print  12.  TITLE  VAME  STREVENS, WA  16330 SW 14  MIAMI FL 331  TITLE  NAME	ed name of registered agent and title if applie OFFICERS AND DIRECTO ALLACE W 7TH AVENUE	cable. (NOTE: F IRS DELETE	Registered Age:  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-S  2.1 TITLE  2.2 NAME	nt signature require  T ADDRESS  ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE	ECTORS IN 12 ange ☐ Add
SIGNATURE  Signature, typed or print  12.  ITTLE  VAME  STREVENS, WA  16330 SW 14  MIAMI FL 331  ITTLE  NAME	ed name of registered agent and title if applie OFFICERS AND DIRECTO ALLACE W 7TH AVENUE	cable. (NOTE: F IRS DELETE	Registered Age:  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-S  2.1 TITLE  2.2 NAME	it signature require	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE	ECTORS IN 12 ange
SIGNATURE  Signature, typed or print  12.  ITTLE  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TOTALE  STREET ADDRESS  CITY-ST-ZIP	ed name of registered agent and title if applie OFFICERS AND DIRECTO ALLACE W 7TH AVENUE	cable. (NOTE: F IRS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	it signature require  IT ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE	ECTORS IN 12 ange
SIGNATURE  Signature, typed or print  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	ed name of registered agent and title if applie OFFICERS AND DIRECTO ALLACE W 7TH AVENUE	cable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY	IT ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE	ECTORS IN 12 ange
SIGNATURE SIGNATURE SIGNATURE  12.  ITTLE D STEVENS, WA 16330 SW 14 MIAMI FL 331  ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	ed name of registered agent and title if applie OFFICERS AND DIRECTO ALLACE W 7TH AVENUE	cable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	IT ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE	ECTORS IN 12 ange
SIGNATURE Signature, typed or print  12.  TITLE  D  STEVENS, WA  16330 SW 14  MIAMI FL 331  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	ed name of registered agent and title if applie OFFICERS AND DIRECTO ALLACE W 7TH AVENUE	cable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 3.4 CITY-S 3.4 CITY-S	IT ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE	ECTORS IN 12 ange
SIGNATURE  Signature, typed or print  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ed name of registered agent and title if applie OFFICERS AND DIRECTO ALLACE W 7TH AVENUE	cable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE	IT ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE	ange Add
SIGNATURE Signature, typed or print  12.  ITTLE  VAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  TITLE  NAME TITLE	of name of registered agent end title if applied of the property of the proper	cable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	IT ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE	ange Add
SIGNATURE  Signature, typed or print  12.  ITLE  D  STEVENS, WA  16330 SW 14'  MIAMI FL 331  ITTLE  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME  NAME	ed name of registered agent and title if applie OFFICERS AND DIRECTO ALLACE W 7TH AVENUE	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAM 4.3 STREE	IT ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE	ange Add
SIGNATURE  Signature, typed or print  12.  TITLE  D  STEVENS, WA  16330 SW 14  MIAMI FL 331  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	of registered agent and title if applied of the property of th	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY-	IT ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE	ange Add
SIGNATURE  SIGNATURE  12.  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	of registered agent and title if applied of the property of th	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAM 4.3 STREE	IT ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP E E E E E E E E E E E E E E E E E E E	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE	ange Add
SIGNATURE  SIGNATURE  12.  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	of registered agent and title if applied of the property of th	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	IT ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP E E E E E E E E E E E E E E E E E E E	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE	ange Add
SIGNATURE  Signature, typed or print  12.  ITLE  STEVENS, WA  16330 SW 14  MIAMI FL 331  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	of registered agent and title if applied of the property of th	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE	ange Add hange Add hange Add
SIGNATURE  Signature, typed or print  12.  TITLE  D  STEVENS, WA  16330 SW 14  MIAMI FL 331  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	of registered agent and title if applied of the property of th	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAMI 5.3 STREE	ET ADDRESS ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE	ange Add
SIGNATURE  12.  11.  11.  12.  13.  14.  15.  16.  16.  16.  16.  16.  16.  16	of registered agent end title if applied of the property of th	DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAMI 5.3 STREE 5.4 CITY- 5.1 TITLE 5.2 NAMI 5.3 STREE 5.4 CITY- 5.1 TITLE 5.2 NAMI 5.3 STREE 5.4 CITY- 5.4 CITY- 5.4 CITY- 5.5 STREE 5.5 STREE 5.6 CITY- 5.7 STREE 5.7 STREE 5.7 STREE 5.8 STREE	IT ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE	ange Add hange Add hange Add
SIGNATURE  12.  11.  11.  12.  13.  14.  15.  16.  16.  16.  16.  16.  16.  16	of name of registered agent and title if applied of the property of the proper	DELETE  DELETE  DELETE  DELETE	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAMI 5.3 STREE 5.4 CITY 6.1 TITLE 6.2 NAMI 6.3	IT ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRE	ange Add hange Add hange Add

I nereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(1), 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.

Stevens 1-18-59