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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90126 021 ***150.00

DOCUMENT # P95000089605

1. Corporation Name

21 26 65-0619844 Not 26 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Req 27 City & State 6. Election Campaign Financing Trust Fund Contribution Added to 28 Zip Country 2ip Country 8. This corporation owes the current year Intangible	quired May Be D Fees No
WELLINGTON FL 33414 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0619844 Not. Suite, Apt. #, etc. 5. Certificate of Status Desired 7 Ever Req 23 City & State City & State City & State 28 City & State 29 30 Country 30 Name and Address of Current Registered Agent THOMPSON, DISNEY D 169 EAST FLAGLER ST. SUITE 1527 MIAMI FL 33131 WELLINGTON FL 33414 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/22/1995 4. FEI Number 65-0619844 Not. Fee Req 65-0619844 S. To Certificate of Status Desired Fee Req 7 Trust Fund Contribution Added to Trust Fund Contribution Added to Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THOMPSON, DISNEY D 169 EAST FLAGLER ST. SUITE 1527 MIAMI FL 33131 84 City FL 85 Zip Cc TI- Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors'. I hereby accept the appointment as registered by the corporation's board of directors'. I hereby accept the appointment as registered by the corporation's board of directors'. I hereby accept the appointment as registered by the corporation's board of directors'. I hereby accept the appointment as registered by the corporation's board of directors'. I hereby accept the appointment as registered.	Applicable dditional quired May Be o Fees
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Trust Fund Contribution Added to Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes Country 9. Name and Address of Current Registered Agent THOMPSON, DISNEY D 169 EAST FLAGLER ST. SUITE 1527 MIAMI FL 33131 84 City Trust Fund Contribution Added to Added to Personal Property Tax. Yes Country Personal Property Tax. Yes Country Street Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 14 City FL 85 Zip Country 15 Or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.	O Fees O No Ode
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SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE PSD DELETE 1.1 TITLE . Change	Addition
NAME VICENTE V, JOSE A 12 NAME	
STREET ADDRESS 3500 FAIRLANE FARMS RD #1 1.3 STREET ADDRESS	}
CITY-ST-ZIP WELLINGTON FL 33414 1.4 CITY-ST-ZIP	- Addition
TITLE VTD DELETE 21 TITLE Change	☐ Addition
NAME BRICENO A., FELIX 22 NAME	ļ
STREET ADDRESS 3500 FAIRLANE FARMS RD #1 2.3 STREET ADDRESS	
CITY-ST-ZIP WELLINGTON FL 33414 2.4 CITY-ST-ZIP Change	Addition
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NAME 3.2 NAME	
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CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ Change	
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NAME 4.2 NAME	Addition (
44 077577 1000760	Addition \
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CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS	
CITY-ST-ZIP 44 CITY-ST-ZIP TITLE □ DELETE 5.1 TITLE □ Change NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP	Addition

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 trusted 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 withten address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: