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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P95000089837

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90028 050 ***150.00

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Principal Place	e of Business	Mailing Ad	dress				7	I INDIANA INDIANA AND AND AND AND AND AND AND AND AND	131 44 31 4610 1 1	1 416 1416		11 K OQ K (95 i
3701 N KENDALL DR. SUITE 305 13701 N KENDALL DR. SUITE 305 MAMI FL 33186 MIAMI FL 33186						DO NOT W			RITE IN THIS SPACE			
							3	Date Incorporated or Qualifed				
`							-	11/27/1995				
2. Principal P	lace of Business	2a. Mailing	Address				4	. FEI Number			Appli	ed For
1		26						65-0635427				Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27								. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	le	City &	State				6	Election Campaign Financing	, , ,	\$5.0)0 м	ay Be
:3		28					_	Trust Fund Contribution		Adde	ed to	Fees
Zip	Country	Zip		Cou	ntry		8	. This corporation owes the cur	ent year Inta		_	J
4	25	29		30	_		_ـــ	Personal Property Tax.	2anistared f	Yes]No
	9. Name and Address of Current	Registered A	gent		81	Name	10	Name and Address of New	zegistered)	Agent		
PRIE	TO, MARIA C								- 1.1 \			
13701 N KENDALL DR, SUITE 305 MIAMI FL 33186					82	Street Add	ress (P.O. Box Number is Not Accept	able)			
					83			 				
										10=1 7	- 0-	
					84	City		•	FL	85 Z	ip Co	ue.
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND			: Registered	Agen	t signature require	ed when	n reinstating) ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	PVST		DELETE	1.1 70	R.E]				Chang	ge	Addition
NAME	PRIETO, MARIA C			1.2 NA	ME							
STREET ADDRESS	_ · · · · · · · · · · · · · · · · · · ·	05		1,3 ST	REET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33186			1.4 CI		r-zip				€ Chan		[] Addition
TITLE	D		☐ DELETE	2.1 TF		-				Chang	ye	Addition
NAME	PRIETO, MARIA C	o.c		2.2 N/								
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NAME STREET ADORESS						ADDRESS						
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CITY-ST-ZIP	 		DELETE	4.1 TI						Chan	ge	Addition
NAME	}			4. 2 N	AME	j						
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STREET ADDRESS				5.3 \$1	REET	ADDRESS						
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NAME	`			6.2 N/								
STREET ADDRESS	;}			6.3 \$1	TREET	[ADDRESS		·				

6.4 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 trastee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 or on an attachment with an address, with all other like empowered.

SIGNATURE;

4-27-99 (305)728-6723