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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

P95000095193 **DOCUMENT #** 1. Corporation Name

FILED May 24, 1999 8:00 am Secretary of State

05-24-1999 90016 047 ***150.00



WATTONAL MEDSONIEL, LIVE.									
Principal Place	of Business	Mailing Address				- I ARNIARAS UM ANCHI ARBUA NUMUN WANDA NODUK	BBFIB IFBIY RIBIB IBIII	981(1 919) 199)	
19790 SW 134 CT. 19790 SW 134									
MIAMI, FL 33177 MIAMI, 1					3177	DO NOT WRITE IN 1	THIS SPACE		
						3. Date Incorporated or Qualifed	· · · · · · · · · · · · · · · · ·		
			-		:	12/13/95		1	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ar	plied For	
21 26						65 - 065 7863	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						# Continue of Status Desired	\$8.75	Additional	
27						5. Certificate of Status Desired	Fee Re	squired	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
23 28						Trust Fund Contribution	Added t	to Fees	
· ·	Zip Country Zip			Country		8. This corporation owes the current year	r Intangible		
24 25 29 30						Personal Property Tax.	Yes	□No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registe	red Agent		
ROCK, LESTER A					81 Name .				
19790 SW 134 CT.				82	Street Addres	ess (P.O. Box Number is Not Acceptable)			
miami, FL 33177				83					
	•		F	-			[[
				84	City	l l	= L 85 Zip C	Code	
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 registered 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 agent.) am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature hyped or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE									
12.	·	ID DIRECTORS	13.	agent s	igusture required v			00.01.42	
TITLE	P	☐ DELETE	1.1 TITI	F		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
NAME	ROCK, LESTER A		1.2 NA						
STREET ADDRESS	10700 011 124 27			1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAM : EL 33177			1.4 CITY-ST-ZIP					
TITLE		☐ DELETE	2.1 TITI		317		☐ Change	Addition	
NAME				2.2 NAME			, onengo		
STREET ADORESS				2.3 STREET ADDRESS				1	
CITY-ST-ZIP									
TITLE				2.4 CITY-ST-ZIP			☐ Change	Addition	
NAME		LJ DELETE			Ì		☐ Change		
STREET ADDRESS			3.2 NA		ODRESS				
CITY-ST-ZIP								1	
TITLE		☐ DELETE	3.4. CIT 4.1 TITL		ZIP .		Change	Addition	
NAME			1			•	Chounde	1 700:0011	
STREET ADORESS			4. 2 NA/					ĺ	
CITY-ST-ZIP					DORESS]	
TITLE		☐ DELETE	4.4 CITY		P		Change	Addition	
NAME			5.1 TITL 5.2 NAM		-		☐ Change	☐ Addition	
STREET ADDRESS			5.3 STR		moree				
CITY-ST-ZIP			5.4 CIT						
TITLE		DELETE	6.1 TITL		-		Channe	- Addition	
NAME		C) Details	6.2 NAM				Change	Addition	
STREET ADDRESS			6.3 STR	-	MDE66				
OH 1*31-21*			6.4 CITY	-21-4	r (

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 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.

4/27/99