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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Hárris

Secretary of State

FILED May 17, 1999 8:00 am Secretary of State

1999	DIVISION OF CORPORATIONS		Secretary of State			
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Principal Place of Business	* 5 5 6 1 8 4 * 556184 - 90082 - 1					
5400 RIVIERA DR.						
CORAL GABLES, FL 33146	5,	AME				
COMIC GROCES, FC 55146	•			DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed		
2. Principal Place of Business	2a. Mailing Add	Iress		4. FEI Number	Δn	plied For
21	26			65-0649855	├ ─-!	ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 A		
22	27			5. Certificate of Status Desired	Fee Re	I
City & State				6. Election Campaign Financing	\$5.00-	May Be
23	28		<u> </u>	Trust Fund Contribution	Added t	o Fees
Zip Country	Žip	Cou [30]	ntry	8. This corporation owes the current year In	tangible	ZNo
24 25 9. Name and Address of Curre	nt Registered Agent			Personal Property Tax. 10. Name and Address of New Registered		23140
DANTE PEZZATINI			81 Name	in thems and treation of them todisticing	11gont	
• -			92 Street Ada	dress (P.O. Box Number is Not Acceptable)		
5400 1414 5161				tress (F.O. Box Number is Not Acceptable)		
CORAL GABLES, FL 33146			83			
			84 City		85 Zip C	Code
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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 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.

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	SIGNATURE AND TYPED	OR PRINTED NAME	OF SIGNING OFFICER	OR DIRECTO