Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90124 045 \*\*\*150.00

## 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

## DOCUMENT # P9600005810

Principal Place 2392 & W 69TH MIAMI FL 3315	e of Business	Mailing Address 2993 S W 69TH CT MIAMI FL 33155 US		DO NOT WRITE IN THI		
<b>0 n</b> : : : <b>n</b>		I On Malling Address		01/17/1996 4. FEI Number		Applied For
2. Principal Place of Business 21 2877 SW 6974 CT. 26 2877 SW			6976 CT.	65-0643012	-	Not Applicable
21 <b>2877</b> Suite, Apt.		Suite, Apt. #, etc.	<i>47.</i> 4 69.	00 0040012		Additional
22	#, etc.	27		5. Certifcate of Status Desired		Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.0	0 May Be
23 Migmi - FZ. 28 Migmi - FZ				Trust Fund Contribution	•	d to Fees
Zip	Country		ountry	8. This corporation owes the current year Ir	ntangible	
24 33/-	55 25 USA	29 33/55 30	USA	Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent	
			81 Name			1
CEVALLOS, JUAN G 3661 S.W. 138 AVENUE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
				,		
MIAI	MI FL 33175		83			1 18
			84 City		85 Zi	p Code (2142)
				pration submits this statement for the purpose of	_   _	
signature  12.	egistered agent, or both, in the State of m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: Register	atutes. ed Agent signature required	n's board of directors. I hereby accept the appointment of the second of		
TITLE	D		TITLE		Chang	e
NAME	CEVALLOS, JUAN G	1.2	NAME			. {
STREET ADDRESS	3661 S.W. 138 AVENUE		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP			
TITLE	D		TITLE		Change	e
NAME	CEVALLOS, CRISTINA	22	NAME			ĺ
STREET ADDRESS	3661 S.W. 138 AVENUE		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175	i i	CITY-ST-ZIP			
TITLE			TITLE		Chang	e Addition
NAME			NAME			ĺ
STREET ADDRESS			STREET ADDRESS			ł
			CITY-ST-ZIP			
CITY-ST-ZIP TITLE			TITLE		☐ Chang	e Addition
NAME			NAME			[
STREET ADDRESS			STREET ADDRESS			1
			CITY-ST-ZIP			ł
CITY-ST-ZIP TITLE			TITLE	-	☐ Chang	e Addition
NAME			NAME			
			STREET ADDRESS			
STREET ADDRESS		· ·				
CITY-ST-ZIP		5.4	CITY-ST-ZIP			ı

6.4 CITY-ST-ZIP CITY-ST-ZIP 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

Addition