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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

	1999	DIVISION OF CO	PORATIONS	05-03-1999 90016 0	44 ***150.00	
DOCUI	MENT # <b>P96000</b> 0	006307				
RT BUSI	NESS CORPORATION		• •			
			•	E INDENDÉE DI CONTRACTOR SON A CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE	HI AANA ANAA NINK AAKN IBAK KAA	
	2					
Principal Place	e of Business	Mailing Address			IR ANITA DISOR FIRST DRIVE SONT SONS	
1883 NW 7 ST-	÷	1883 NW 7.87 #4			•	
MIAMLEL 33125		MIAMILPE 33125				
			•	DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed		
		2a. Mailing Address		01/17/1996 4. FEI Number	Applied For	
	QUAIL ROOST DR.	2a. Mailing Address		65-0634805	Not Applicable	
21 //6/0 Suite, Apt.				_	\$8.75 Additional	
22	#, <del>G</del> IG.	Suite, Apt PINANZA: 27 85 GRAND CA	S, INC.	5. Certifcate of Status Desired	Fee Required	
City & State	e	City & State SUITE	305	6. Election Campaign Financing	\$5.00 May Be	
	AMI FLA.	28 MIAMI, FLOR	IDA 33144	Trust Fund Contribution	Added to Fees	
Zip_	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24 331	97 25	29 3	0	Personal Property Tax.	Yes 🗆 No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent	
			81 Name			
TAPANES, ROGER			82 Street Addr	Address (P.O. Box Number is Not Acceptable)		
11880 SW 5 ST.						
MIAMI FL 33184			83			
			84 City		85 Zip Code	
				F		
11. Pursuant office or ragent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statutes f Florida. Such change was aut ons of, Section 607.0505, Florid	<ul> <li>the above-named corp horized by the corporation</li> <li>Statutes.</li> </ul>	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered pointment as registered	
SIGNATURE	•					
	Signature, typed or printed name of registered agent		egistered Agent signature require		ALID DIDECTORS IN 42	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition	
TITLE	DP BOOSE	☐ DELETE	1.1 TITLE		. □ outrido □ 1 touriou	
NAME	TAPANES, ROGER	**	1.2 NAME			
STREET ADDRESS	11880 SW 5 ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33184	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition	
TITLE	DV TADANES BOSED ID	A SILLIE	2.1 TRUE		<del>- · -</del>	
NAME	TAPANES, ROGER JR. 11880 SW-5 ST		2.3 STREET ADDRESS			
STREET ADDRESS	MIAMI FL 33184		2. 4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	MINIMI FE 33104	☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME		_ · · · _	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP	•		
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME	•		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	•		
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		n.	
STREET ADDRESS	• •		5.3 STREET ADDRESS			
CITY-ST-ZIP	,		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	

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 affaciment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP