PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90179 037 *****8.75 06-19-1999 90001 014 ***150.00

						
DOCU	MENT # P960000	006943				
I, Ochporation						,
LIS 513	TEMS, INC.		-	THE STREET OF THE FORM OF THE COURT OF THE COURT OF THE	AND ARREA THUS IRON T	J aba Siki (GB)
Principal Place	of Business	Mailing Address		- I (BELLEBEL ME 10ME BLUL BELLE BELLE BENLE BENLE B	Brit Balla Bitta Jailt B	(1980)(1) (89 1
9371 FOUNTAIN		9371 FOUNTAINBLEAU BLVD				
1120	octao beto	1120		DO NOT WRITE IN T	MIC SDACE	
MIAMI FL 33172	!	MIAMI FL 33172 US		3. Date Incorporated or Qualifed	HIS SPACE	
US 80	38NW 665T	~~8038 7 0	1 66 ST	01/23/1996		
2 Principal Pl	ace of Business	2a Mailing Address		4. FEI Number	Apr	olled For
	NW 66 ST	26 8056 NW 6	6 ST	65-0652668		Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Re	
22		27				
City & State		City & State	FL	Trust Fund Contribution	\$5:00° Added to	
23 M 14M	-	Zip	Country	a. This corporation owes the current year		
Zig 24 3316	66 IZS USA		a ZÜĞA	Personal Property Tax.	Yes	ETNo
24 00:1	9. Name and Address of Current			10. Name and Address of New Registe	red Agent	
			81 Name	 ,		1
	HO NOGUEIRA, RAFAEL	-	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
9371	FOUNTAINBLEAU BLYD					
1120	4 51 00.50		61			1
MLAN	Al FL 33172		84 City		FL 85 Zip C	Code
				and a share this statement for the Duron	e of changing its	registered -
11. Pursuant office or r	to the provisions of Sections 607.0507 egistered agent, or both, in the State of	of Florida. Such change was au	thorized by the corporati	poration submits this statement for the purposion's board of directors, I hereby accept the a	ppointment as re-	stered
agent. I a	m famillar with and accept the obligat	ions of, Section 607.0505, Flori	da Statutes.	OI-	25-99	
SIGNATURE	Signature, hother digital name of registerer agent	t and blie if applicable. (NOTE:	Registered Agent signature requir	ad when reinstating) DAT	<u> </u>	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER		
TITLE	P	DELETE	1.1 TITLE		Change	Addition
HAME	LUCHO, OSVALDO A JR		1.2 NAME			
STREET ADDRESS	9371 FOUNTAINBLEAU BLVD I	120	1.3 STREET ADDRESS			
OTY-ST-ZIP	MIAMI FL 33172		1,4 CTY-ST-ZIP		Change	☐ Addition
TITLE	S	☐ DELETE	2.1 TILE		C C C C C C C C C C C C C C C C C C C	
NAME	LUCHO NOGUEIRA, RAFAEL		2.2 NAME			j
STREET ADDRESS		120	2.3 STREET ADDRESS	•		
CITY-ST-ZIP_	MIAMI FL 33172	☐ DELETE	2.4 CITY-ST-ZIP		Change	Addition
TITLE -	<u></u>	O occine	3.2 NAME]
NAME			3.3 STREET ADDRESS			
STREET ADDRESS			34. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4.2 KME			ļ
STREET ADDRESS			4.3 STREET ADDRESS	•		
Crty-St-ZiP			4.4 CITY-ST-ZIP		Channe	Addition
TITLE		DELETE	5.1 TITLE	consults the second of the	Change	
NAME.	-	- -	5.2 NAME	المنافية المنطقة والمنافعة والمستبد والمستدان المستدان ال		
STREET ADDRESS			5.3 STREET ADORESS 5.4 CITY-ST-ZIP		•	
CITY-ST-DP	<u> </u>	☐ DELETE	6.1 TITLE		Change	☐ Addition
TITLE	-		62 NAME		_ •	
NAME			43 STREET ADDRESS	·		
STREET ACCRESS	(·		64 CITY-ST-ZP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florids 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.

SIGNATURE:

BONATURE AND TY

REQUIRED REQUIRED

01-25-99

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Daytime Phone #

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