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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

Corporation Name

Principal Place 742 NW 12TH A MIAMI FL 33136	V E	Mailing /	12TH AVE		_		1 (38)1291 (18 18)19			
						F	3. Date Incorporated or	NOT WRITE IN THI Qualifed	S SPACE	
							01/25/1996			
Principal Place of Business 2a. Mailing Address			ng Address				4. FEI Number	<u> </u>	·	oplied For
21 26							65-08127 <u>1</u> 7			ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status I	Desired		Additional guired
City & State		27 City	& State				. Chatian Campaign F			May Be
23	•	28	a State				Election Campaign F Trust Fund Contribut		•	to Fees
Zip				Coun						
24	25	29	3	0			Personal Property Ta	ax.	☐ Yes	∑ No
	9. Name and Address of Curren	t Registered	Agent				to. Name and Address	of New Registere	d Agent	
CHO	ODE EDANCIE V				B1 Name		W C			
GUDORF, FRANCIS V 2828 CORAL WAY				ļ	32 Street	Address	(P.O. Box Number is N	ot Acceptable)		
SUITE 303				L		292	<u> </u>	2th HU	EUVE	
MIAMI FL 33145					83					
Mill 1111 1 2 3 3 1 1 3					84 City	Mi	gur í	F	L 85 Zip	^{Cod} 3/
11. Pursuant	to the provisions of Sections 607.050	2 and 607.150	08, Florida Statutes	, the ab	ove-named	Cornora	tion submits this stateme	nt for the purpose	of changing its	registered
office or re agent. Las	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Su tions of, Secti	ch change was auti on 607.0505, Florid	honzed la Statul	by the corp es.	oration	s board of directors. I her	eby accept the app	iointment as re	gistered
SIGNATURE	, ,									
Signature, typed or printed name of registered agent and title if applicable. (NOTE:				<u> </u>	gent signature i	required wh		DATE	AND DIDECT	200 111 42
12.	OFFICERS AN	D DIRECTOR	RS DELETE	13.		_	ADDITIONS/CHANGE	S TO OFFICERS	Change	Addition
TITLE	DP GUDORF, FRANCIS V		☐ DELETE	1.1 HILL 1.2 NAM					X	
NAME	2828 CORAL WAY, STE 303				EET ADORESS	ווכו	7 (111/ 12	the Ausur	a	
STREET ADDRESS	MIAMI FL				-ST-ZIP	17	2 NW 12 iami, Flou	12/2 33/	12/	Ì
CITY-ST-ZIP	MINIMIFE		DELETE	2.1 TITL	_	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	am / / 100	100 111	Change	☐ Addition
NAME			_	2.2 NAM						
STREET ADDRESS				2.3 STR	EET ADDRESS					
CITY-ST-ZIP				2.4 CIT	Y-ST-ZIP					
TITLE	· · · · · · · · · · · · · · · · · · ·		☐ DELETE	3.1 TITL	 E				Change	Addition
NAME				3.2 NAM	Æ]
STREET ADDRESS				33 STR	EET ADDRESS	;				
CITY-ST-ZIP				3.4. CIT	Y-ST-ZIP					
TITLE			□ DELETE	4.1 T/TL	E				☐ Change	Addition
NAME				4. 2 NA	ME					
STREET ADDRESS				4.3 STR	EET ADDRESS					}
CITY-ST-ZIP					/-ST-ZIP	 				- Addition
TITLE			☐ DELETE	5.1 TITL					☐ Change	☐ Addition
NAME				5.2 NAM	1C	1				

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 807, 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Addition

Change