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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000013464

## **FILED** Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90007 027 \*\*\*150.00

AIVIEX A	SSOCIATION, INC.												
Principal Place	e of Business	Ма	ailing Address						IAN NIAN NONE			H BANK BERF HARR	
1573 NORTHWEST 93RD AVENUE 1573 NORTHWEST 93RD AVENUE MIAMI FL 33172 MIAMI FL 33172													
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								3. Date Incorporate	d or Qualifed				
								02/13/1996			<del></del>		4
	Place of Business	2a.	Mailing Address					4, FEI Number			1—1—	oplied For	43
21		26						65-0795297				ot Applicable	13
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				ŀ	5. Certifcate of Stat	us Desired .	. 🗆		Additional equired	"
City & Stat	te		City & State					6. Election Campaig	n Financing	г .		May Be	]
23		28						Trust Fund Contr	ibution		Added	to Fees	-
Zip	Country	ļ	Zip		ountry			8. This corporation		rent year In			
24	25	29		30				Personal Propert			Yes	□No	-
	g. Name and Address of Cur	rent Regis	tered Agent		04			10. Name and Addr	ess of New	Registered	Agent		-
CED	ENO OCCAD				81	Name							
	ENO, OSCAR I'N.W. 93RD AVE.				82	Street	Addres	ss (P.O. Box Number i	s Not Accept	able)	: "		
BAIAB	WI FL 33172				83					10.00	11/11/11/24		1
MIAR					84	City		<u>**: : : : : : : : : : : : : : : : : : :</u>	(11) 3 <sub>1</sub> (112) (14) - (11 4 / 2 + 4 )	115 6215 421 6 447	85 Zip	Code	-Į
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44 Pure pot	to the provisions of Sections 607.0	0502 and 60	07.1508, Florida Statut	tes, the	above	e-named the corp	corpora	ration submits this state	ement for the	purpose o	f changing its	registered egistered	-
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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.

SIGNATURE: SIGNATURE AND TYPED

305-592-7640