PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P96000016999

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90092 040 ***150.00

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Principal Place	e of Business		Mailing	Address						* • •					
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MIAMI FL 33125 MIAMI FL 33125										r	OO NOT WR	ITE IN T	HIS SPACE		
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									-	02/23/1996					
2 Principal P	lace of Business		2a Mai	ing Address						FEI Number				Applie	ed For
	lace of business		26	ing Address						65-0701477					Applicable
Suite, Apt.	# etc			e, Apt. #, etc.									\$8.7		
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Zip	Co	untry	Zip		Cou	intry			8.	This corporation	owes the cu	rent yea	r Intangible		
24	25		29		30					Personal Propert	у Тах.	•	☐ Yes]No
	9. Name and A	ddress of Curre	nt Registered	l Agent				1	10.	Name and Addr	ess of New	Registe	red Agent		
						81	Name								·
	Quez, Deborah					82	Street	Addrass	(P)	O. Box Number i	s Not Accen	table)			
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11. Pursuant	to the provisions of	Sections 607.050	02 and 607.15	08, Florida Stat	utes, the a	bove	-named	corpora	tion	submits this state	ement for th	purpos	e of changing	its re	gistered
office or n	to the provisions of registered agent, or l im familiar with, and	hath in the State	of Florida Si	ICH CHANGE WAS	authonzer	יטחים	the como	oration's	pos	ard of directors. I	nereby acce	epi ine ap	opointment as	regis	stered /
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)643.3474