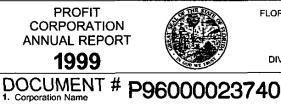
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

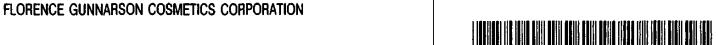
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Aug 16, 1999 8:00 am Secretary of State

08-16-1999 90003 023 ***550.00

7/12/99 (305)661-4647



5: : : : : : : : : : : : : : : : : : :		Mailing Address				-	ib igaig bhili gaill gall				
Principal Place											
7820 SW 58 CT MIAMI FL 33143		7400 RED ROAD SUITE 4 SOUTH MIAMI FL 33143					DO NOT WRIT	E IN THIS :	SPACE		
		SOUTH MIRMI FE SS145				3. Date Incorporated or Qualified					٦
					03/18/1996						
2. Principal P				4. FEI Number	<u> </u>		A	pplied For			
·	ROCK GARDEN LN	2a. Mailing Address				65-0664171 Not A			ot Applicable	,	
Suite, Apt.		Suite, Apt. #, etc.			•			Desired \$8.75 Additional			7
22	_	27				5. Certificate of Status Desired Fee Required					
City & State		City & State				6. Election Carr	paign Financing	1 1 7 7 7 1			
23 PINECREST, FL		28				Trust Fund Contribution Added to Fees					_
Zip Country		<u>├</u>		untry			tion owes the current year				
24 33156-573225		29 30					ersonal Property. X Yes No			_ No	4
	9. Name and Address of Current	Registered Agent		Rd Nor		10. Name and A	ddress of New Ro	egistered A	gent		-
MANH	DIOLIE LICA I			81 Nar	пе						
MANRIQUE, LISA L 7820 SW 58 CT				82 Street Address (P.O. Box Number is Not Acceptable) 12220 ROCK GARDEN LANE							
	11 FL 33143		-	220	20 ROCK GARDEN LANE					-	
MINZIA	11 1 2 3 3 1 4 3			83							
				84 Çity	NECR		-		85 Zip	Code 3156	7
·							· · · · · · · · · · · · · · · · · · ·	<u>FL</u>			4
office or	to the provisions of sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obliga-	of Florida. Such change was	authorize	d by the c	d corpora orporation	ition submits this si n's board of directo	atement for the put rs. I hereby accept	the appoin	inging its re tment as re	egistered egistered	
SIGNATURE							_				
	Signature, typed or printed name of registered agent			ered Agent sig	nature requir	ed when reinstating)	HANGES TO OFF	DATE	DIPECTO	ODC IN 12	⊢́وَ
12.	OFFICERS AND		13.			ADDITIONS/C	MANGES TO OFF		<i>γ</i> ¬		CD2E034 /5/00
TITLE	P DELETE		1	1.1 TITLE 1.2 NAME				Į.	Change	Addition	3
NAME MANRIQUE, LISA L					122	12220 ROCK GARDEN LANE					
STREET ADDRESS	7820 SW 58 COURT			REET ADDRE			FL 33156)		100
CITY-ST-ZiP	SOUTH MIAMI FL 33143			TY-ST-ZIP	FIL	VECKESI,	<u>FH 33130</u>	<u> </u>			_
TITLE	·	☐ DELETE	2.1 N		ĺ			L	Change	Addition	
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·			1	TY-ST-ZIP	33						
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NAME			5.2 N								
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STREET ADDRESS	()			REET ADDRE	ss						
CITY-ST-ZIP	{ /			TY-ST-ZIP							
14. I hereby ce	ertify that the information supplied with	this filing does not qualify for	the exem	ption state	d in section	on 119.07(3)(i), Flo	rida Statutes. I furti	er certify th	at the infor	rmation	7
indicated of an officer of in Block 12	ertify that the information supplied with on this annual report of supplemental a or director of the corporation or the coe 2 or Block 13 if changed, or on an atta	anyoual report is true and accumulated to trustee empowered to the property with an address.	rate and to execute	that my si this repo	gnature s rt as requ	shall have the same uired by Chapter 6	e legal effect as if r 07, Florida Statutes	nade under ; and that r	oath; that ny name a	i am ppears	

RE LISA MANRIOUE