. FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9600030635

CAYMAN SHUTTERS, INC.

Principal	Place	of Business
8446 NW	58 S	r

MIAMI FL 33166

Mailing Address

8446 NW 58 ST MIAMI FL 33166

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90022 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

2. Percipal Pinece of Business 2a. Malling Address 4. FET Number 55-0662153 Not Applicable Structure	21)6			
Sulfe, Apt. #, etc. Sulfe, Apt. #, etc.	Suite, Apt. #, etc. 22 City & State Country Zip Country Zip Country B. This corporation 9. Name and Address of Current Registered Agent JAIME, CAMILO M 1116 LUGO AVE GABLES BY THE SEA CORAL GABLES FL 33156 38 City P (Neuronal Country) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this office or registered agent, or both, ip-the-State of Florida. Such change was authorized by the corporation's board of director agent. Land fampliar vitin, and accept the obligations of Section 607.0505, Florida Statutes, the above-named corporation's board of director agent. Land fampliar vitin, and accept the obligations of Section 607.0505, Florida Statutes, the above-named corporation's board of director agent. Land fampliar vitin, and accept the obligations of Section 607.0505, Florida Statutes, the above-named corporation's board of director agent. Land fampliar vitin, and accept the obligations of Section 607.0505, Florida Statutes, the above-named corporation's board of director agent. Land fampliar vitin, and accept the obligations of Section 607.0505, Florida Statutes, the above-named corporation's board of director agent. Land fampliar vitin, and accept the obligations of Section 607.0505, Florida Statutes, the above-named corporation's board of director agent. Land fampliar vitin, and accept the obligations of Section 607.0505, Florida Statutes, the above-named corporation's board of director agent. Land fampliar vitin, and accept the obligations of Section 607.0505, Florida Statutes, the above-named corporation's board of director agent. Land fampliar vitin fa		Applied For		
Sulfie, Apt. #, etc. 27 27 27 27 27 27 28 28 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of S. Street Address (P.C. Box Numb 110 Number of Street of Floridation S. Certificate of S. Street Address (P.C. Box Numb 13 Number of Street of Floridation S. Certificate of Floridation S. Certificate of S. Street Address (P.C. Box Numb 13 Number of Street of Floridation S. Certification S. Section 607 0.505, Floridation Statutes. The Certification S. Street Address of Floridation Statutes. The Certification S. Certificate of Floridation S. Certifi	53	Not Applicable		
City & State Ci	City & State Country Zip Country 8. This corporation Program P	Status Desired 🔯			
Zip Country Zip Zi	23		Fee Required		
Zip Country Zip Country Zip Country B. This corporation owes the current year Intangible Personal Property Tax. Yes No No No No No No No N	Zip Country 21				
28 28 29 30 Personal Property Tax. Yes No	24 25 29 30 Personal Properties 9. Name and Address of Current Registered Agent 10. Name 1	ontribution	Added to Fees		
9. Name and Address of Current Registered Agent JAIME, CAMILO M 1116 LUGO AVE GABLES BY THE SEA CORAL GABLES FL 33156 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, puthe-State of Florida. Such change was authorized by the corporation's board of directors, 1 hereby accept the appointment as registered agent, and familiar vith, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar vith, and accept the obligations of, Section 607.0505, Florida Statutes, agent, and familiar vith, and accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar vith, and accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508 and 607.1508 and 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508 and 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508 and 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508 and 607.0502 and 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508 and 607.0502 and 607.0	9. Name and Address of Current Registered Agent JAIME, CAMILO M 1116 LUGO AVE GARLES BY THE SEA CORAL GABLES FL 33156 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this soffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director agent. I am familiar vint, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNAT	*			
JAIME, CAMILO M 1118 LUGO AVE GABLES BY THE SEA CORAL GABLES FL 33156 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, ju.the-State of Florida. Such change was authorized by the corporation's board of directors, i hereby accept the appointment as registered agent, or both, ju.the-State of Florida. Such change was authorized by the corporation's board of directors, i hereby accept the appointment as registered agent, or both, ju.the-State of Florida. Such change was authorized by the corporation's board of directors, i hereby accept the appointment as registered agent, or both, ju.the-State of Florida. Such change was authorized by the corporation's board of directors, i hereby accept the appointment as registered agent, or both, ju.the-State of Florida. Such change was authorized by the corporation's board of directors, i hereby accept the appointment as registered agent, or both, ju.the-State of Florida. Such change was authorized by the corporation's board of directors, i hereby accept the appointment as registered of the purpose of changing its registered agent, or both, ju.the-State of Bright State of the purpose of changing its registered of the purpose of changing its registered of the purpose of changing its registered agent, or both, ju.the-State of the purpose of changing its registered of the purpose of changing its registered of the purpose of change agent. James a	JAIME, CAMILO M 1116 LUGO AVE GABLES BY THE SEA CORAL GABLES FL 33156 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this office or rejustered agent, or both in the State of Florida. Such change was authorized by the corporation's board of director agent. I an firmular with, and ecopit the obligations of, Section 607.0505, Florida Statutes. SIGNATURE				
JAIME, CAMILO M 1116 LUGO AVE GABLES BY THE SEA CORAL GABLES FL 33156 24 City P (Negres T FL 85 3) 5/5 b 25 City P (Negres T FL 85 3) 5/5 b 26 City P (Negres T FL 85 3) 5/5 b 27 City St. 2p COPAL GABLES FL 33156 28 City P (Negres T FL 85 3) 5/5 b 29 City P (Negres T FL 85 3) 5/5 b 29 City P (Negres T FL 85 3) 5/5 b 20 City P (Negres T FL 85 3) 5/5 b 20 City P (Negres T FL 85 3) 5/5 b 20 City P (Negres T FL 85 3) 5/5 b 21 City P (Negres T FL 85 3) 5/5 b 21 City P (Negres T FL 85 3) 5/5 b 21 City P (Negres T FL 85 3) 5/5 b 21 City P (Negres T FL 85 3) 5/5 b 21 City P (Negres T FL 85 3) 5/5 b 22 City St. 2p 23 City P (Negres T FL 85 3) 5/5 b 24 City P (Negres T FL 85 3) 5/5 b 25 City St. 2p 26 City St. 2p 27 City St. 2p 28 City P (Negres T FL 85 3) 5/5 b 28 City P (Negres T FL 85 3) 5/5 b 28 City P (Negres T FL 85 3) 5/5 b 29 City St. 2p 20 City St. 2p 20 City St. 2p 21 City St. 2p 22 City St. 2p 23 City St. 2p 24 City P (Negres T FL 85 3) 5/5 b 24 City P (Negres T FL 85 3) 5/5 b 25 City St. 2p 26 City St. 2p 27 City St. 2p 28 City St. 2p 29 City St. 2p 20 City St. 2p 21 City St. 2p 22 City St. 2p 23 City St. 2p 24 City St. 2p 24 City St. 2p 25 City St. 2p 26 City St. 2p 26 City St. 2p 27 City St. 2p 28 City St. 2p 29 City St. 2p 20 City St. 2p 21 City St. 2p 22 City St. 2p 23 City St. 2p 24 City St. 2p 25 City St. 2p 26 City St. 2p 26 City St. 2p 27 City St. 2p 28 City St. 2p 29 City St. 2p 20 City St. 2p 21 City St. 2p 22 City St. 2p 23 City St. 2p 24 City St. 2p 25 City St. 2p 26 City St. 2p 27 City St. 2p 28 City St. 2p 29 City St. 2p 20 City St. 2p 21 City St. 2p 22 City St. 2p 23 City St. 2p 24 C	JAIME, CAMILO M 1116 LUGO AVE GARLES BY THE SEA CORAL GABLES FL 33156 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this office or registered agent, or both, in-the-State of Florida. Such change was authorized by the corporation's board of director agent. I and familiar with, and coopt the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byted or printed home of registered bytes of printed home of registered agent, and time if applicable. OFFICER'S AND DIRECTORS 12. OFFICER'S AND DIRECTORS 13. STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 3315 ITILE VI SIREET ADDRESS CITY-ST-ZIP TITLE JAIME, VIVIAN G STREET ADDRESS CITY-ST-ZIP TITLE DELETE JAIME, VIVIAN G STREET ADDRESS CITY-ST-ZIP TITLE DELETE JAIME, VIVIAN G STREET ADDRESS CITY-ST-ZIP TITLE DELETE JAIME, JAIME, JAIME, VIVIAN G STREET ADDRESS CITY-ST-ZIP TITLE DELETE JAIME, JAIM				
111. Fursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the opposition of the provision of	1116 LUGO AVE GABLES BY THE SEA CORAL GABLES FL 33156 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of director agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed Temper of registered agent and the if applicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CI TITLE PS DELETE 1.1 TITLE 1.3 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 3315 1.4 CITY-ST-ZIP CORAL GABLES FL 3315 1.16 LUGO AVE 2.2 NAME 3.1116 LUGO AVE 2.3 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33156 TITLE DELETE 2.1 TITLE 2.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33156 TITLE DELETE 3.1 TITLE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.4 CITY-ST-ZIP TITLE NAME 5.5 NAME 5.5 STREET ADDRESS	AMILLO M	١.		
GABLES BY THE SEA CORAL GABLES FL 33156 83 84 City P (Negres T FL 85 Jb Code agent law and second for registered agent, or both, inche-State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or point, inche-State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or point, inche-State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of agent. I man familiar viting and accept the appointment as registered of directors. I hereby accept the appointment as registered of directors.	GABLES BY THE SEA CORAL GABLES FL 33156 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this soffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director agent. I am familiar with, and occupit the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Speed or printed "Remark" registed sport and title if applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CI TITLE PS				
CORAL GABLES FL 33156 84 City P Nearest FL 85 33 26 6	CORAL GABLES FL 33156 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director agent. I am familiar with, and eccept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Syped or printed framer's registered spent and title if applicable. (INOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CI 14. ITILE PS	COTTER	<u> </u>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes. the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and face pit the obligations of, Section 607.0505. Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the provisions of Section 607.0505. Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the provisions of Section 607.0505. Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both in the provisions of Section 607.0505. Florida Statutes. The above has a directors. I hereby accept the appointment as registered agent, or both in the provisions of Section 607.0505. Florida Statutes. The appointment as registered agent, or both in the provisions of Section 607.0505. Florida Statutes. The appointment as registered agent, or both in the provisions of Section 607.0505. Florida Statutes. The appointment as registered agent, or both in the provisions of Section 607.0505. Florida Statutes. The appointment as registered agent, or both in the provisions of Section 607.0505. Florida Statutes. The appointment as registered agent, or both in the provisions of Section 607.0505. Florida Statutes. The appointment as registered agent, or both in the purpose of changing its registered agent agent of the corporation's board of directors. I hereby accept the appointment as registered agent agent agent agent agent. In the purpose of Change agent. In the purpo	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this soffice or registered agent, or both, ip_the-State of Florida. Such change was authorized by the corporation's board of director agent. I and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. CADDITIONS/CI TITLE PS NAME JAIME, CAMILO A 1116 LUGO AVE CORAL GABLES FL 33155 TITLE NAME JAIME, VIVIAN G STREET ADDRESS CITY-ST-ZIP TO DELETE 1.1 TITLE AMME JAIME, VIVIAN G STREET ADDRESS CITY-ST-ZIP TO DELETE 1.3 TAIME 1.3 DOO DEL 1.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 10 obl. in. the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or obl. in. the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I and flamiliarly with, and accept the obligations of, Section 607.9505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. COFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDI	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this soffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director agent. I an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIG		85 Zip Code		
office or registered agent, or both, in, the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the populations of Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. P. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PS. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PS. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 ITTLE NAME JAIME, CAMILO A STREET ADDRESS TITLE VT. ST.ZIP CORAL GABLES FL 3315 TITLE JAIME, VIVIAN G STREET ADDRESS TITLE STREET ADDRESS TITLE OFFICERS AND DIRECTORS IN 12 TAIME CAMILO M. Change Addition LAGITY-ST.ZIP VT. ST.ZIP TITLE VT. ST.ZIP CORAL GABLES FL 33156 CITY-ST.ZIP CORAL GABLES FL 33156 DELETE STREET ADDRESS TITLE DELETE STREET ADDRESS CITY-ST.ZIP DELETE DELETE STREET ADDRESS CITY-ST.ZIP DELETE DELETE STREET ADDRESS CITY-ST.ZIP Change Addition Addition Addition ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 TAIME CAMILO M. Change Addition TAIME CAMILO M. Change Addition TO THE CONTROL OF THE POPULATION OF THE POPULATI	office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of director agent. I an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed famer'of registered spent and title if applicable. (NOTE: Registered Apent signature required when reinstating) 12. OFFICER'S AND DIRECTORS 13. ADDITIONS/CI. TITLE PS JAIME, CAMILO A 12. PS ADDITIONS/CI. JAIME, CAMILO A 12. NAME JAIME, CAMILO A 13. STREET ADDRESS CITY-ST-ZIP TITLE VT JAIME, VIVIAN G STREET ADDRESS 1116 LUGO AVE CORAL GABLES FL 33156 DELETE 1.1 TITLE JAIME, VIVIAN G STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				
SIGNATURE Signat	SIGNATURE Signature. Nyped or printed framerol registered spent and title if explicable. (NOTE: Registered Apant signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CE TITLE PS ADDITIONS/CE TITLE PS ADDITIONS/CE TAINES TAIN	statement for the purpos rs. I hereby accept the a	ppointment as registered		
Signature, Typed or printed Farmer of registreed opens and title if applicable. (NOTE Registreed Agent signature required when reinstating)	SIGNATURE Signature, typed or printed Ramer of registered spent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CI 17. DELETE 1.1 TITLE 1.2 NAME 1.3 ADDITIONS/CI 1.2 NAME 1.3 ADDITIONS/CI 1.3 ADDITIONS/CI 1.4 AIMES 1.5 AIMES 1.6 AODITIONS/CI 1.7 AIMES 1.8 ADDITIONS/CI 1.9 ADDITIONS/CI 1.9 AIMES 1.1 AIMES 1.1 AIMES 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE 1.5 TITLE 1.6 AIMES 1.7 AIMES 1.7 AIMES 1.8 ADDITIONS/CI 1.8 ADDITIONS/CI 1.9 ADDITIONS/CI 1.1 TITLE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE 1.6 ADDITIONS/CI 1.6 ADDITIONS/CI 1.7 AIMES 1.8 ADDITIONS/CI 1.8 ADDITIONS/CI 1.9 ADDITIONS/CI 1.1 TITLE 1.1 TITLE 1.2 AAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE	·liala			
12. OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS IN 12 TITLE PS	12. OFFICERS AND DIRECTORS TITLE PS NAME JAIME, CAMILO A STREET ADDRESS CITY-ST-ZIP TITLE VT NAME JAIME, VIVIAN G STREET ADDRESS CITY-ST-ZIP TOTALE TOTALE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1/18/9	<u> </u>		
TITLE PS DELETE 1.1 TITLE TAIME CAMILLO M Change Addition NAME JAIME, CAMILO A 12 NAME 1.3 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 3315 1.4 CITY-ST-ZIP NAME JAIME, VIVIAN G 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33156 2.4 CITY-ST-ZIP NAME CORAL GABLES FL 33156 2.4 CITY-ST-ZIP NAME CORAL GABLES FL 33156 3.1 TITLE NAME CORAL GABLES FL 3	TITLE PS	<u> </u>			
NAME STREET ADDRESS CITY-ST-ZIP TITLE VT NAME JAIME, VIVIAN G STREET ADDRESS CITY-ST-ZIP TITLE VT NAME JAIME, VIVIAN G STREET ADDRESS CITY-ST-ZIP TITLE CORAL GABLES FL 33156 14 CITY-ST-ZIP TITLE VT NAME JAIME, VIVIAN G STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STITTLE Change Addition	NAME STREET ADDRESS CITY-ST-ZIP TITLE VT NAME JAIME, VIVIAN G STREET ADDRESS CITY-ST-ZIP TITLE VT NAME JAIME, VIVIAN G STREET ADDRESS CITY-ST-ZIP TITLE CORAL GABLES FL 3315 TITLE NAME JAIME, VIVIAN G STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 5.3 STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 3315 TITLE VT NAME JAIME, VIVIAN G STREET ADDRESS 1116 LUGO AVE CITY-ST-ZIP CORAL GABLES FL 33156 TITLE TITLE CORAL GABLES FL 33156 TA I ME VI UI AD G TO OLD CUT'ER RD. CITY-ST-ZIP TITLE CORAL GABLES FL 33156 DELETE 31 TITLE 1 DELETE 31 TITLE 1 DELETE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE NAME 4.2 NAME 4.2 NAME 51 REET ADDRESS CITY-ST-ZIP TITLE 1 DELETE 1 STREET ADDRESS CITY-ST-ZIP TITLE 1 DELETE 5.1 TITLE NAME 5.2 NAME 5.3 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 1 DELETE 5.1 TITLE 5.2 NAME 5.3 NAME 5.3 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 5.1 TITLE 5.3 NAME 5.4 Addition 5.5 NAME 5.5 NAME 5.5 NAME 5.6 CORAL GABLES FL 33156 1.4 CITY-ST-ZIP TITLE 5.5 NAME 5.5 NAME 5.6 CORAL GABLES FL 33156 1.5 Change 1.5 Addition 1.6 Change 1.6 Addition 1.7 Change 1.7 Change 1.7 Change 1.8 Addition 1.8 TITLE 1.8 Change 1.8 Change 1.8 Addition 1.8 TITLE 1.8 TITLE 1.8 Change 1.8 Addition 1.8 TITLE 1.8 Change 1.8 TITLE 1.8 Change 1.8 Addition 1.8 TITLE 1.8 Change 1.8 TITLE 1.8 Change 1.8 Addition 1.8 TITLE 1.8 Change 1.8 Addition 1.8 TITLE 1.8 Change 1.8 TITLE 1.8 Change 1.8 TITLE 1.8 Change 1.8 TITL	STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 3315 TITLE VT NAME JAIME, VIVIAN G STREET ADDRESS CITY-ST-ZIP TITLE CORAL GABLES FL 33156 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D. CHATCA			
TITLE TITLE VT NAME JAIME, VIVIAN G STREET ADDRESS 1116 LUGO AVE CITY-ST-ZIP CORAL GABLES FL 33156 DELETE 2.1 TITLE 7. ALME 12.0 AME 2.2 NAME 2.3 STREET ADDRESS 13.0 O O O LD C O T C R R D. 1. Change Addition 7. A L M R VI VI A A G 2.4 CITY-ST-ZIP DI N C R S T, FLOR LA A 33 I S L 1. Change Addition 1. Addition 1. Change Addition 1. Addition 1. Change Addition	TITLE VT NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	D COTTER			
TITLE TITLE VT NAME JAIME, VIVIAN G STREET ADDRESS 1116 LUGO AVE CITY-ST-ZIP CORAL GABLES FL 33156 DELETE 2.1 TITLE 7. ALME 12.0 AME 2.2 NAME 2.3 STREET ADDRESS 13.0 O O O LD C O T C R R D. 1. Change Addition 7. A L M R VI VI A A G 2.4 CITY-ST-ZIP DI N C R S T, FLOR LA A 33 I S L 1. Change Addition 1. Addition 1. Change Addition 1. Addition 1. Change Addition	TITLE VT NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	T, PL 331	56		
NAME JAIME, VIVIAN G 22 NAME TAINE VIUIAN G 1116 LUGO AVE 23 STREET ADDRESS 13000 OLD CUTICR RD 33 ISL	NAME STREET ADDRESS 1116 LUGO AVE CITY-ST-ZIP CORAL GABLES FL 33156 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS				
STREET ADDRESS 1116 LUGO AVE	STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33156 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	ULAN G			
TITLE	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-CT-TIP	D CUTERR	b .		
TITLE	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-CT-TIP	T FLORIDA	33156		
NAME STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE S.2 DELETE 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE S.3 NAME S.4 CITY-ST-ZIP TITLE S.5 NAME S.5 NAME S.5 NAME S.5 NAME	NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE □ DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE □ DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS		☐ Change ☐ Addition (
STREET ADDRESS	STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS				
34.CITY-ST-ZIP 34.CITY-ST-ZIP	34. CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS				
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY- ST-ZIP 4.4 CITY- ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME	TITLE NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY- ST- ZIP TITLE DELETE DELETE 5.1 TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY OF TIPLE STREET ADDRESS 5.4 CITY OF TIPLE STREET ADDRESS 5.5 STREET ADDRESS				
NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY- ST-ZIP 4.4 CITY- ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME	NAME STREET ADDRESS CITY-ST-ZIP 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 NAME 5.5 NAME 5.6 CITY-ST-ZIP	·	☐ Change ☐ Addition		
A3 STREET ADDRESS A3 STREET ADDRESS	STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 ACRES 5.4 ACRES 5.4 ACRES 5.5 ACRES 5.5 ACRES 5.5 ACRES 5.5 ACRES 5.5 ACRES 5.6 ACRES 5.7 TREET ADDRESS		Ì		
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME	CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS				
TITLE DELETE 5.1 YITLE Change Addition NAME 5.2 NAME	TITLE NAME STREET ADDRESS 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY OF 7th				
NAME 5.2 NAME	NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY OF 7th	 -	☐ Change ☐ Addition		
	STREET ADDRESS 5.3 STREET ADDRESS				
STREET ADDRESS 5.3 STREET ADDRESS	SACITY OT 710				
STORY OF 710					
TITLE DELETE 6.1 TITLE Change Addition	Contests 61TME		Change Addition		
NAME 6.2 NAME	COMME				
	C 3 CTOSET ADDRESS		} 		
	CITY-ST-ZIP 6.4 CITY-ST-ZIP		J		

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 chapted, of on an attachment with an address, with all other like empowered.

SIGNATURE:

PRESIDENT