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 # **P96000042696**

HEURIS	TIKA, INC.						
Principal Pla	ce of Business	Mailing Address			L LOOD SIGNAL FIRE ENTINE NEUTRI NORTH ABUSE NORTH NUMBER	IN TURK DESIGNATION DESTRUCTION	
12311 NW 7TH LANE 12311 NW 7TH LANE MIAMI FL 33182 MIAMI FL 33182							
					DO NOT WRITE IN THIS S	PACE	
,					3. Date Incorporated or Qualifed 05/20/1996	•	
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For		
21		26			65-0679959	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		-		5. Certificate of Status Desired	\$8.75 Additional		
City & State City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
Zip Country Zip			Country 8. This corporation owes the current year Intangible				
24	25		30]Yes □No	
	9. Name and Address of Curren	t Registered Agent		4	10. Name and Address of New Registered Ag	jent	
LOPEZ-MOBILIA, RAFAEL 12311 NW 7TH LANE MIAMI FL 33182			8		dress (P.O. Box Number is Not Acceptable)		
			ľ	Z Sileel Aut	ress (F.O. box Number is Not Acceptable)		
			8	83			
			8	4 City		nel 7:- Cada	
			"	City	FL.	85 Zip Code	
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was au tions of, Section 607.0505, Flori	ithorized b ida Statute	y the corporat s.	poration submits this statement for the purpose of children is board of directors. I hereby accept the appointr	anging its registered nent as registered	
12.		D DIRECTORS	13.	ent signature requi	red when reinstating) DATE	DIDECTORS IN 40	
TITLE	PD	☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition	
NAME	LOPEZ-MOBILIA, RAFAEL		1.2 NAME	ļ			
STREET ADDRESS	40044 4841 7711 1 4117			ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33182		1.4 CITY-				
TITLE	SD	☐ DELETE	2.1 TITLE			Change Addition	
NAME .	LOPEZ-MOBILIA, FEDERICO		2.2 NAME				
STREET ADDRESS	12311 NW 7TH LANE		2.3 STRE	ET ADDRESS	d and the same of		
CITY-ST-ZIP	MIAMI FL 33182		2.4 CITY-	ST-ZIP		7 -	
TITLE .		☐ DELETE	3.1 TITLE		[Change Addition	
NAME	Authorities of the Committee of the Comm		3.2 NAME				
STREET ADDRESS							
CITY-ST-ZIP	[: · .		3.3 STREE	ET ADDRESS	tan in the state of the state o	等(数)的 40岁 数4 在最终的 46	
TITLE			3.3 STREI 3.4. CITY-				
		☐ DELETE				Change : Addition	
NAME		☐ DELETE	3.4. CITY-	ST-ZIP		Change : Addition	
NAME STREET ADDRESS		☐ DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME	ST-ZIP		Change : Addition	
			3.4. CITY- 4.1 TITLE 4. 2 NAME	ST-ZIP		Change of Addition	
STREET ADDRESS		☐ DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE	ST-ZIP ET ADDRESS ST-ZIP		Change Addition	
STREET ADDRESS CITY-ST-ZIP			3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZIP ET ADDRESS ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE			3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZIP ET ADDRESS ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS			

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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90033 026 ***150.00