**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation COUNTR	MEN I # <b>P96000</b> Y CLUB DETAILING, INC.				,				
Principal Piace	of Business	Mailing Ad	dress						
6400 NW 186 S	т	7731 WEST	T 7 AVENUE				•		
MIAMI FL 33016		HIALEAH F	L 33014		_				
US		US				DO NOT WRITE IN THIS	SPACE		ı
					3. Date Incorporate	d or Qualifed	_		
					/ 06/04/1996		<del>``</del>		
2. Principal Pla	ace of Business	2a. Majlirk	Address	w 164St	4. FEI Number		<u> </u>	lied For	
21		26 85	19 /	W 164X	65-0686097			Applicable	
Sulte, Apt. #	#, etc.	Suite,	Apt. #, etc.	-	5. Certifcate of Stat	us Desired 🔲	\$8.75 A		
22		27			a. Certificate of Glas		Fee Rec	uired	
City & State	3	Çity &	State	Fi	6. Election Campaig	n Financing	\$5.00 +	May Be	•
23		28 14/	AMI I	FC.	Trust Fund Contr	lbution	Added to	Fees	
Zip	Country	Zip		Country	8. This corporation	owes the current year int	angible	·	
24	25	29	<i>3016</i> - 13	0-05A	Personal Propert			□No	
241	9. Name and Address of Curren		vaent		10. Name and Addr	ess of New Registered	Agent		
	D, 140110			81 Name	extensi /	INAS.			
HILL	JESUS			[7]	NIMONLY O				1
	WEST 7 AVE			82 Street Add	dress (P.O. Stox Number i	s MorAcceptable) +			
	EAH FL 33014			83	7000	- L			l
11100	EATT E COOT			(**)		_			ļ
1				84 Cit.	ALLI		85 Zin C	ode, /	
1						FL	- 1 22	0/6.	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida, Such tions of, Section	h change was aut n 607.0505, Florid	norized by the corporal	nlop's beard of directors.	hereby accept the appo	Intment as reg Z-535	isler <del>e</del> o	
SIGNATURE	Signature, typed or printed name of registered agen	5	111	egistarad Ageni afgruture requi	COULD (red when reinstring)	DATE			8
	Signature, typed or printed nertile of registered agen	5	NOTE: R	union v	COULD (red when reinstring)	DATE NGES TO OFFICERS AN	ID DIRECTOR	RS IN 12	1/98)
SIGNATURE A	Signature, typed or printed nertile of registered agen	nt and take if applicable	NOTE: R	egistered Agent promuture requi	COULD (red when reinstring)	DATE			(11/98)
12.	Signature, typed or printed name of registered agen OFFICERS AN PSD	nt and take if applicable	NOTE: R	ogistared Agent ofgredure requi	COULD (red when reinstring)	DATE	ID DIRECTOR	RS IN 12	34 (11/98)
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6.4 CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP

14. I hereby certify that the information supplied with this fling does not quality 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 cath; that I am an officer or director of the corporation or the receiver or frustee 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 advector with all other like empoyered.

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90061 048 \*\*\*150.00