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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

,, co.poracr	MENT # P	960000	048338								
Principal Place	o of Business		Mailing Address			<b></b>	I IAR BORIO DELIGE COMO D	111 <b>30</b> 111 <b>30</b> 111	EIEBI IEIBE		101 1011 10 <b>9</b> 1
Principal Place of Business  9655 W FLACILER STREET  MIAMI FL 33174  US		9655 W FLAGLER STREET MIAMI FL 33174 US				DO NOT WR	ITE IN THIS	SPACE			
						3. Date Incorp. 06/06/199	orated or Qualifed				
2 Principal Pl	lace of Business		2a. Mailing Address			4, FEI Number				Appi	ied For
	lace of business		26			65-06771			$\vdash$	⊢÷.	Applicable
Suite, Art.	# etc		Suite, Apt. #, etc.						\$8.7		ditional
22	., 5.5.		27			5. Certifcate of	Status Desired			e Req	
City & State	e		City & State			6. Election Car	npaign Financing		\$5.	<b>00</b> M	ay Be
23			28			Trust Fund				led to	
Zip	Coun	iry	Zip	Country		8. This corpora	tion owes the cur	rent year In	tangible	_	_
24	25		29	30		Personal Pr			Yes		]No
	9. Name and Add	ess of Current	Registered Agent			10. Name and	Address of New	Registere	Agent		
ICELA	TIL ALICANI			81	Name						
	.ELI, AHSAN 10 SW 147 CT CR #	<b>*</b> 20		82	Street A	Address (P.O. Box Num	ber is Not Accept	able)			
	/USW 147 CT CH # /IIFL 33196	FSU									
MINT	ui LF 22 120			83							
				84	City			<b>-</b>	85	Zip Cc	de
									-		
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office or re agent. Lar	egistered agent, or bot m familiar with, and ac	th, in the State of scept the obligation	and 607.1508, Florida Statut Florida. Such change was a ns of, Section 607.0505, Flo	uthorized by	the corpo	corporation submits this ration's board of direct	s statement for the ors. I hereby acce	pt the app	changing intment a	g its regi	egistered estered
office or re agent. I ar SIGNATURE	egistered agent, or bot m familiar with, and ac Signature, typed or printed nad	th, in the State of cept the obligation	Florida. Such change was a ns of, Section 607.0505, Floring title if applicable. (NOTE	rida Statutes.  Registered Agen	the corpo	qui ed when reinstating)	ors. I nereby acce	pt the appo	intment a	is regi	
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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 attach remarkith an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATULE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR