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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

03-24-1999 90048 032 \*\*\*158.75

1999

DOCUMENT # P96000049165 IAMA ENTERPRISES, INC.

Mar 24, 1999 8:00 am Secretary of State

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Principal F	Place of Business	Mailing Address				11688881	fin ibild bilti nbill bolli ol	isti <b>un</b> ili <b>b</b> il	ESE ESSOL DOTA	Briter Arri 1981
28550 SW	142ND AVE	28550 SW 142ND AVE								
	D FL 33033	HOMESTEAD FL 33033				DO NOT WRITE IN THIS SPACE				
;						3. Date Incorpo	rated or Qualifed			
;						06/07/199				
2 Princip	al Place of Business	2a. Mailing Address				4. FEI Number			Ар	plied For
31 San	ne As abon -	26 Same As Alove.				NOT APP	LICABLE		No	t Applicable
Suite,	Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of		1	\$8.75	Additional
22		27				5. Certificate of	Status Desired	<b>_</b>	Fee Re	quired
City &	State	City & State				;	paign Financing	i i		May Be
23		28					contribution		Added t	o Fees
Zip j	Country	Zip					tion owes the current	year Inta	ngible Yes	□No
24	25		30			Personal Pro	perty tax. Address of New Regi	etorod A		
<u> </u>	9. Name and Address of Current I	Registered Agent		81	Name	10. Name and F	tudiese di New Negi	istered A	Bern	
Ė	RIVERA-PENA, ISIS A									
	8550 SW 142ND AVE			82	Street Ad	ddress (P.O. Box Num	ber is Not Acceptable	)		
	IOMESTEAD FL 33033		Ì	83						
[	iomeore a constant								<del></del>	
ļ			ľ	84	City			FL	85 Zip (	Code
44 Durei	uant to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the ab	OOVE-I	named co	orporation submits this	statement for the pur	pose of c	hanging its	registered
II. Fuisi	or registered agent or both in the State of	Florida, Such change was aut	inorizea	DV th	ne corpora	ation's board of directo	rs. I hereby accept th	ie appoin	tment as re	gistered
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ageni SIGNATU	t. I am familiar with, and accept the obligation	ns of, Section 607.0505, Florid	da Statu	ites.		quired when reinstating)		DATE		
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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 granged, or on an attachment with all address, with all other like empowered.

SIGNATURE: