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PROFIT CORPORATION ANNUAL REPORT

1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

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Principal Place	of Business	Mailing Address					
7320 NE 1ST PL		7320 NE 1ST PLACE					
MIAMI FL 33138	NOC.	MIAMI FL 33138			. DO NOT WIGHT IN	THE CDACE	
					DO NOT WRITE IN	I HIS SPACE	
					3. Date Incorporated or Qualifed		
		10- 41 %			07/11/1996 4. FEI Number		Applied For
2. Principal Plac	ce of Business	2a. Mailing Address			65-0724209		lot Applicable
21		26 Suits Ast # ato			00-0724209		Additional
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Required
22 City 8 State		City & State			6 Clastica Compaign Financing		May Be
City & State		⊢ ′			6. Election Campaign Financing Trust Fund Contribution		to Fees
Zip	Country	Zip	Coun	trv	8. This corporation owes the current year		
	25	29	30	,	Personal Property Tax.	Yes	□No
24	9. Name and Address of Current		1001		10. Name and Address of New Registe	red Agent	
	Halle and Addition of Callotte			81 Name			
KUBLI	IN, ALVIN E		_		(0.0.0		
	NE 1ST PLACE			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
MAM	FL 33138		<u> </u>	83			
	•					<u> </u>	
				84 City		FL 85 Zip	Code
44 5	1)	and CO7 1EOR Florido State	toc the ch	aug named sar	poration submits this statement for the purpor		ts registered
office or rec	gistered agent, or both, in the State of	of Florida. Such change was	authorized	by the corporal	tion's board of directors. I hereby accept the	ippointment as i	registered
agent. I am	familiar with, and accept the obligat	ions of, Section 607.0505, F	onda Statu	tes.			
SIGNATURE _		and title if applicable /NO	E: Decistored (cont eignature (90)	red when reinstating) DA	E	
s	Ignature, typed or printed name of registered agen		E: Registered A	Agent signature requi			ORS IN 12
12.	OFFICERS AN		13.		red when reinstating) DA* ADDITIONS/CHANGES TO OFFICER		
12. TITLE	OFFICERS ANI	DIRECTORS	13.	E		S AND DIRECT	
12. TITLE NAME	OFFICERS AND D KUBLIN, ALVIN E	DIRECTORS	13. 1.1 TITL 1.2 NAM	E AE		S AND DIRECT	
12. TITLE NAME STREET ADDRESS	OFFICERS ANI D KUBLIN, ALVIN E 7320 NE 1ST PLACE	DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	E AE REET ADDRESS		S AND DIRECT	
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indicated on this annual report of supplementa/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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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