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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059512

1. Corporation Name

FILED Feb 11, 1999 8:00am Secretary of State

02-11-1999 90049 030 ***150.00

SUFIPR	IO, INC.										
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Principal Place		Mailing Address 13121 S.W. 106 STREET				•					
13121 S.W. 106 STREET 13121 S.W. 106 STREET MIAMI FL 33186 MIAMI FL 33186											
						40.4.4.4.	NOT WRITE IN	THIS SPACE	CE		3
						3. Date Incorporated 07/15/1996	or Qualifed	• •	• ′		
2. Principal P	face of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number			olied For	<u> </u>
21		26				65-0679310				Applicable	3
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			\$8.75 Additional Fee Required		
22 City 8 Chat			27						-	 _	1
City & Stat	e	28	City & State			 Election Campaign Trust Fund Contrib 	- 11		5.00 Added to	May Be	
Zip	Country	Zip	C	ountry		8. This corporation of		··			
24	25	29	30	•		Personal Property	-	Y		□No	
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				81	Name						
	FETTO, MARIA A			82	Street Add	dress (P.O. Box Number is	Not Acceptable)				1
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WII/A											
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* t*4. A	to the provisions of Sections 607.0	502 and 607.1508, Florida Stat	utes, the	ahove	a-named con	poration submits this stater	ment for the purp	ose of chang	ging its	registered	
11. Pursuant office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Stat im familiar with, and accept the obli	te of Florida. Such change was	authoriz	above	e-named corporate	poration submits this stater tion's board of directors. I h	ment for the purp ereby accept the	ose of chang appointmen	jing its it as rec	registered pistered	
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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 attachment with an address, with all other like empowered.

SIGNATURE:

HOWESTANING LICENSON REI

4 99 305-387-818

Daytime Phone #

;RZE034 (11/98)