Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90016 020 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000062222

I. Corporation	THOMS					i		
OVAS CORPORATION						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	118 EINER 11618 11818	11 <b>310</b> 11 <b>8</b> 1 1 <b>36</b> 1
Principal Place of Business Mailing Address						- 1 1981/301 (10 10)/0 0)/(1 00)/1 00/// 60/// 06/	IN CHILD HOLD HOLD !	
8601 S.W. 132ND STREET 8801 S.W. 132ND STREET MIAMI FL 33176 MIAMI FL 33176								
US US						DO NOT WRITE IN THIS SPACE		
						3, Date Incorporated or Qualifed 07/25/1996		
Principal Place of Business     2a. Mailing Address						4. FEI Number	Apr	plied For
21 26					65-0725001		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 A Fee Re	
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip 24	Country 25	Zip <b>29</b>	Cou <b>30</b>	ntry		This corporation owes the current year     Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		L.,	_	10. Name and Address of New Registers	d Agent	
<b>-</b> 114	O DECIDENT ACENTO INC			81	Name		-	
E.H.G. RESIDENT AGENTS, INC. 5100 TOWN CENTER CIRCLE, SUITE 330			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33486			83					
				84	City		85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a				hove	named como	ration cubmits this statement for the nurnose	of changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change wa	s authorized	i by t	the corporation	n's board of directors. I hereby accept the app	pointment as req	gistered
SIGNATURE								
	Signature, typed or printed name of registered ag	<del></del>		Agent	signature required		AND DIRECTO	DS IN 12
TITLE	PD OFFICERS A	ND DIRECTORS  DELETE	13.	n F	<del>'</del>	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
1	ESTRELLA, EVELIO		1.2 NA				_ ·	_
NAME	ARRA CHY ARRID CEDEST				ADDRESS			
STREET ADDRESS				TY-ST				
CITY-ST-ZIP	SD DELETE 2.1T			-ZIF		Change	Addition	
NAME	CAMERA, CARMINE	<u></u>	2.2 N/					_
STREET ADDRESS	8801 S.W. 132ND STREET				ADDRESS			
CITY-ST-ZIP	40450 51 55 55			ITY-S1		· · · · · · · · · · · · · · · · · · ·		
TITLE			3.1 TF				☐ Change	☐ Addition
NAME	32 N		WE					
STREET ADDRESS			3.3 ST	REET	ADDRESS			
CITY-ST-ZIP			3.4. C	TY-ST	T-ZiP			
TITLE	☐ DELETE 4.1 T			TLE			☐ Change	☐ Addition
NAME			4. 2 N	AME				1
STREET ADDRESS			4.3 \$1	REET	ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-ST	-ZIP			
TITLE		☐ DELETE	5.1 TT			*	Change	☐ Addition (
NAME			5.2 N/					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				TY-ST	-ZIP			
TITLE		☐ DELETE	6.1 ∏				Change	Addition
	1		62 N/	ME	I			

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 the empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP