Applied For

\$8.75 Additional

Not Applicable

CR2E034_(11/98)

FILED

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90065 030 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

07/24/1996 4. FEI Number

65-0687240

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

Mailing Address

7801 CORAL WAY

MIAMI FL 33155

2a. Mailing Address

Suite, Apt. #, etc.

SUITE 131

26

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600062679

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

7801 CORAL WAY

MIAMI FL 33155

SUITE 131

CITY-ST-ZIP

21

BALCAR CORPORATION

		27						J 5.	Certificate of Status Desired	Li	F	ee Red	uired
City & State)	- -	City & S	tate		_	·	6.	Election Campaign Financin	a	\$5	5.00	/lav Be
-		28			•				Trust Fund Contribution				•
Zip	Country	1	Zip		Country	7		8.	This corporation owes the c	urrent year Inta	ngible	,	
	25 29 30								Personal Property Tax.		Ye	s	□No
	9. Name and Address of Curren	t Regis	stered Ag	ent		_		10.	Name and Address of Nev	Registered /	\gent		
					81	Ì	Name						
GONNELLI, MARTHA 15103 S.W. 63 TERRACE						╁	Street Address	Address (P.O. Box Number is Not Acceptable)					
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MIAN	11 FL 33193				83	T							,
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					84		City			FL	85	ZIP C	ode
. Pursuant t	to the provisions of Sections 607.050	2 and 6	07.1508.	Florida Statutes.	the above	e-r	named corpor	ation	n submits this statement for t	ne numose of	hangi	ng its	egistered
office or re	egistered agent, or both, in the State	of Flori	da, Such o	hange was auth	orized by	th	e corporation	's bo	pard of directors. I hereby ac	ept the appoir	tment	as reg	istered
	2121			507.0505, Piolida	a Statutes	•-			04	1/21/9.	3		
GNATURE				(NOTE: Re	gistered Ager	nt s	ignature required w	vhen r		DATE			
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	GON 1510 MIAN Pursuant office or reagent. I as	9. Name and Address of Curren GONNELLI, MARTHA 15103 S.W. 63 TERRACE MIAMI FL 33193 Pursuant to the provisions of Sections 607.050. office or registered agent, or both, in the State agent. I am familiar with, and accept the obligated agent. I am familiar with, and accept the	Zip Country 25 29 9. Name and Address of Current Regist GONNELLI, MARTHA 15103 S.W. 63 TERRACE MIAMI FL 33193 Pursuant to the provisions of Sections 607.0502 and 6 office or registered agent, or both, in the State of Flori agent. I am familiar with, and accept the obligations of GNATURE Signature, typed of printed name of registered agent and title OFFICERS AND DIRE E PTD GONNELLI, MARTHA 15103 S.W. 63 TERRACE MIAMI FL 33193 E DVS BALLINA, RAUL 7801 CORAL WAY, SUITE 131 MIAMI FL EET ADDRESS Y-ST-ZIP ME REET ADDRESS Y-ST-ZIP E REET ADDRESS Y-ST-ZIP E REET ADDRESS Y-ST-ZIP E REET ADDRESS Y-ST-ZIP E	Zip Zip Country Zip Zip 9. Name and Address of Current Registered Agr GONNELLI, MARTHA 15103 S.W. 63 TERRACE MIAMI FL 33193 Pursuant to the provisions of Sections 607.0502 and 607.1508, office or registered agent, or both, in the State of Florida. Such of agent. I am familiar with, and accept the obligations of, Section 6 GNATURE Finally typed of printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS AE PTD GONNELLI, MARTHA 15103 S.W. 63 TERRACE MIAMI FL 33193 E BALLINA, RAUL 7801 CORAL WAY, SUITE 131 MIAMI FL EET ADDRESS Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E	City & State Zip Zip Zip Zip Zip Zip Zip Zi	City & State Zip Country Zip	City & State Zip Country Zip Country 25 29 30 9. Name and Address of Current Registered Agent GONNELLI, MARTHA 15103 S.W. 63 TERRACE MIAMI FL 33193 B4 Pursuant to the provisions of Sequens 607.0502 and 607.1508, Florida Statutes, the above-office or registered agent, or sequence of Florida, Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. GNATURE CONATURE CONATURE CONATURE CONTINUE City & State Zip Country Zip Signature GONNELLI, MARTHA 15103 S.W. 63 TERRACE MIAMI FL 33193 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or serti, in the State of Florida, Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. GNATURE FITTURE GONNELLI, MARTHA 15103 S.W. 63 TERRACE MIAMI FL 33193 FOR DOUBLETE OFFICERS AND DIRECTORS E GONNELLI, MARTHA 15103 S.W. 63 TERRACE MIAMI FL 33193 FOR DOUBLETE 11TITLE 12 NAME 15103 S.W. 63 TERRACE MIAMI FL 33193 FOR DOUBLETE 13 STREET ADDRESS MIAMI FL 33193 FOR DELETE 14 CITY-ST-ZIP MIAMI FL 33193 FOR DELETE 3 STREET ADDRESS 44 CITY-ST-ZIP ACITY-ST-ZIP City & State Zip Country Zip Country Zip Country Zip Country Zip Country Zip Size 30 9. Name and Address of Current Registered Agent Statutes, the above-named corporation office or registered agent, or set, in the State of Florida. Such change was authorized by the corporation's bragent. I am familiar with. or accept the obligations of, Section 607,0503, Florida Statutes, the above-named corporation office or registered agent, or set, in the State of Florida. Such change was authorized by the corporation's bragent. I am familiar with. or accept the obligations of, Section 607,0503, Florida Statutes. CHATURE FUND FUND FUND FUND FUND FUND FUND FUN	City & State City & State City & State Zip	City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country State from Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution State of Current Registered Agent State Fund Country State of Current Registered Agent State of Current Registered Agent Regi	City & State City & State City & State City & State City & State City & State City & State City & State City & State City Country City Country City City	City & State City & State City & State City & State City & State City & State City & State City & State City Country Zip Country Zip Country Zip Country Zip Country Zip Country St. This corporation were the current year intangible Personal Property Tax. State State City Ci		

6.4 CITY-ST-ZIP

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 supplied ental 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 effective 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.