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· PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 13, 1999 8:00 am Secretary of State 05-13-1999 90043 021 ***150.00

DOCUMENT # P96000069822 1. Corporation Name

Principal Place of Business 901 Ponce De Leon Blvd. Suite 601 Suite 601 Suite 601 Suite 601 Suite 601						,	\			
							DO NOT W	ZITE IN T	HIS SPACE	
Coral Gables, FL 33134 Coral Gables, F					34		DO NOT WRITE IN THIS SPACE			
						i	3. Date Incorporated or Qualife	d		
0.00		T =					8/21/96			
2. Principal	Place of Business	2a. Mailing Addres	SS			}	4. FEI Number		A	oplied For
21		26					65-0822839		. No	ot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, e	etc.				5. Certifcate of Status Desired			Additional equired
City & Sta	ite	City & State					6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution	' \square	•	may be to Fees
Zip	Country	Zip	Co	ountry			8. This corporation owes the cu			10 1 003
24	25	29	30	,			Personal Property Tax.	nem year	mtangible ☐ Yes	□No
.=:1	9. Name and Address of Current		190				10. Name and Address of New	Register		
		J		81	Name		und Addition of New		vaeur	
							-			
	William H. Albornoz,	-		82		Address	s (P.O. Box Number is Not Accep	table)		
	901 Ponce De Leon Bly	vd.		00						
	Suite 601			83						
	Coral Gables, FL 3313	34		84	City				og Zin	Code
	, <u>-</u>	-			Ony			F	L 85 Zip	Code
11 Purement	to the provisions of Sections 607 0502 :	and 607 1508 Florida							- 6 - le	
onice or	registered agent, or both, in the State of am familiar with, and accept the obligation	' Florida. Such change	was authorize	ed by th	-named c he corpor	corpora pration's	ition submits this statement for the board of directors. I hereby access	e purpose ept the ap	or changing its pointment as re	registered gistered
onice or	registered agent, or both, in the State or am familiar with, and accept the obligatio	r Florida. Such change ons of, Section 607.05	was authorize 05, Florida Sta	ed by thatutes.	he corpor	oration's	s board of directors. I hereby acce	e purpose ept the ap	or changing its pointment as re	registered gistered
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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: