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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9600074596

1. Corporation Name

## **FILED** May 08, 1999 8:00 am Secretary of State

05-08-1999 90009 039 \*\*\*150.00

Principal Place 3828 S.W. 8TH CORAL GABLE			382	iling Address 8 S.W. 8TH STREET PAL GABLES FL 331				DO NOT WRITI			
								3. Date Incorporated or Qualifed			
								09/09/1996			
2. Principal F	Place of Busine		2a.	Mailing Address				4. FEI Number		A	pplied For
21			26	•				65-0697123			lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75	Additional
2			27			5. Certifcate of Status Desired	ـــ ـــــــــــــــــــــــــــــــــ		Required		
City & Sta	te	:		City & State		·		6. Election Campaign Financing			<b>)</b> May Be
23			28					Trust Fund Contribution			to Fees
Zip		Country		Zip	Cou	intry		8. This corporation owes the curre			
24		5	29		30	, —		Personal Property Tax.		Yes	No
	9. Name a	nd Address of Cur	rent Regist	ered Agent		81	Name	10. Name and Address of New Re	egisterea A	gent	
CAL	MPO, YESIT	ı				01	Name				
	GRAND CAN					82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
	TE 102	AL DINVL				83					
	MI FL 33144					63					
IMIN	IIII 1 L 33 177					84	City		FL	85 Zip	Code
						Ш	L			honging if	e registered
11. Pursuant	to the provision	ns of Sections 607.0	0502 and 60	7.1508, Florida Sta	itutes, the a	DOVE	e-named cor	poration submits this statement for the p	the sensin	tenant ac I	
office or	registered age am familiar with	nt, or both, in the Sta n, and accept the obl	ate of Florida igations of,	a. Such change wa Section 607.0505,	s authorized Florida Stati	d by utes	the corporat	tion's board of directors. I nereby accept	. trie appolii	tment as	registered
office or agent. I a SIGNATURE	registered age am familiar with	nt, or both, in the Stant, and accept the obler printed name of registered	ate of Florida igations of, agent and title if	a. Such change wa Section 607.0505, applicable. (N	s authorized Florida Stati OTE: Registered	d by utes	the corporat	red when reinstating)	DATE		egistered 
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office or agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PTD SERRANO 300 N.W. MIAMI FL	nt, or both, in the Sta h, and accept the obl r printed name of registered OFFICERS MANUELA 42ND AVENUE, SI	ate of Florida igations of, agent and title if AND DIREC	a. Such change wa Section 607.0505, applicable. (N	s authorized Florida Stati OTE: Registered 13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI	Agen TLE AME TREET	the corporat	red when reinstating)	DATE	D DIRECT	ORS IN 12
office or agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PTD SERRANO 300 N.W. MIAMI FL	nt, or both, in the Sta h, and accept the obl r printed name of registered OFFICERS MANUELA 42ND AVENUE, St 33126	ate of Florida igations of, agent and title if AND DIREC	a. Such change wa Section 607.0505,  applicable. (N CTORS	s authorized Florida Stati OTE: Registered 13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI	TLE AME TY-ST	the corporat	red when reinstating)	DATE	D DIRECT	ORS IN 12
office or agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PTD SERRANO 300 N.W. MIAMI FL VSD SERRANO	nt, or both, in the Sta h, and accept the obl r printed name of registered OFFICERS MANUELA 42ND AVENUE, St 33126	agent and title if AND DIREC	a. Such change wa Section 607.0505,  applicable. (N CTORS	S authorized State (Control of	TLE AME TY-ST	nt signature requir	red when reinstating)	DATE	D DIRECT	ORS IN 12
office or agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PTD SERRANO 300 N.W. VSD SERRANO SERRANO SERRANO SERRANO SERRANO SERRANO SERRANO	nt, or both, in the Sta h, and accept the obl r printed name of registered OFFICERS , MANUELA 42ND AVENUE, St 33126 , RAMON 42ND AVENUE, St	agent and title if AND DIREC	a. Such change wa Section 607.0505,  applicable. (N CTORS	S authorized State Florida State	I Agen TLE TREET TY-ST TLE AME	nt signature requir	red when reinstating)	DATE	D DIRECT	ORS IN 12
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office or agent. I a signature  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PTD SERRANO 300 N.W. MIAMI FL VSD SERRANO 300 N.W. MIAMI FL	nt, or both, in the Sta h, and accept the obl r printed name of registered OFFICERS , MANUELA 42ND AVENUE, St 33126 , RAMON 42ND AVENUE, St	agent and title if AND DIREC	a. Such change wa Section 607.0505, applicable. (N CTORS	S authorized Florida Stati OTE: Registered 13.   1.1 TT 1.2 N/.   1.3 ST 1.4 CC   2.1 TT   2.2 N/.   2.3 ST   2.4 CC   3.1 TT   3.2 N/.   3.3 ST   3.4 CC   4.1 TT   4.2 N/.   4.3 ST   4.4 CC   5.1 TT   5.2 N/.   5.3 ST   5.4 CC   6.1 TT   6.2 N/.   6.3 TT   6.3 6.3 TT	TAGENT THE TREET	IT ADDRESS TT ADDRESS	red when reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition Addition

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:

OF SIGNING OFFICER OR DIRECTOR