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 # DOC

1. Corporation		0079786					
Principal Place of Business Mailing Address							#DI 1##I
10621 N KENDALL DRIVE 10621 N KENDALL DRIVE							
STE 204 STE 204						andor	
MIAMI FL 33176 MIAMI FL 33176					DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed		Į
		1 A 41-17 - A 44			09/25/1996 4. FEI Number	Applie	d For
	2. Principal Place of Business 2a, Mailing Address						pplicable
21 Cuita Ant	26 Suite, Apt. #, etc. Suite, Apt. #, etc.				65-0707911	\$8.75 Addi	
		,		5. Certifcate of Status Desired	Fee Requir		
22 27 City & State City & State					6. Election Campaign Financing	\$5.00 Ma	v Be
		28			Trust Fund Contribution	Added to F	
Zip	Zip Country Zip			Country 8. This corporation owes the current year Intangible Personal Property Tax.			No
24	9. Name and Address of Curr		30		10. Name and Address of New Register	ed Agent	
	5. 110m2 and 110m2		81	Name			
CUBAS, ALEXANDER G			82	Stroot Add	rose (B.O. Boy Number is Not Acceptable)		
10621 N KENDALL DRIVE			02	Street Add	Iress (P.O. Box Number is Not Acceptable)		
STE 204			83	3			
MIAMI FL 33176			-	i ou		85 Zip Cod	10
			84	City	F	FL 83 24 000	
office or r agent. I a	to the provisions of Sections 607.0: registered agent, or both, in the Starm familier with, and accept the ord. Signature, typed or printed name of registered a	ie of Florida. Such change was augations of, Section 607.0505, Flori	ithorized by ida Statute:	y the corporati s. C · C ∟ o	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as regist	ered
12.	OFFICERS /	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE			Change [Addition
NAME			12 NAME				ļ
STREET ADDRESS	STREET ADDRESS 10621 NO KENDALL DRIVE STE 208		1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE			Change [Addition
NAME		2.2					1
STREET ADDRESS			2.3 STREE	ET ADDRESS			[
CITY-ST-ZIP			2.4 CITY-			[] Change [Addition
TITLE	:	☐ DELETE	3.1 TITLE		_	□ cuange (Addition
NAME			3.2 NAME				}
STREET ADDRESS			3 3 STREET ADDRESS				
CITY-ST-ZIP	ZIP DELETE		3.4. CITY-ST-ZIP 4.1 TITLE			[] Change	Addition
TITLE		C) DEECTE	4.1 IIILE				
NAME				ET ADDRESS			
STREET ADDRESS			4.4 CITY-				
CITY-ST-ZIP TITLE	T-ZIP DELETE		5.1 TITLE			Change	Addition
NAME			5.2 NAME				
				ET ADDRESS			ł
STREET ADDRESS CITY-ST-ZIP			5.4 CITY-				}
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ET ADORESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GHATUKE PALENJERER. GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 595.6337

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90246 016 ***150.00