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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000080111

FILED Jan 27, 1999 8:00am **Secretary of State**

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Principal Plac	e of Business	Mailing Ad	dress			· · · · · · · · · · · · · · · · · · ·			14: 1:561 :16: 1521
15254 SOUTHWEST 99 AVENUE 15254 SOUTHWEST 99 AV				ΙE		· ·			
MIAMI FL 33157 . MIAMI FL 33157			3157			DO NOT WR	ITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
						09/26/1996			
2. Principal P	Place of Business	2a. Mailing	Address			4. FEI Number			Applied For
21		26				65-0691303			lot Applicable
Suite, Apt.	#, etc.	Suite, A	Apt. #, etc.			5. Certifcate of Status Desired			Additional
22	<u> </u>	27				C. Contracto of States Scaling		Fee F	Required
City & Stat	le	City & :	State			6. Election Campaign Financing			May Be
23	· ·	28	•	Country		Trust Fund Contribution			to Fees
Žip	Country	Zip	30	Country		8. This corporation owes the cui	rrent year Inta	angible ∐Yes	□No
24	9. Name and Address of Curren	29 29 Accepted Accept				Personal Property Tax. 10. Name and Address of New	Registered /		
	3. Hanie and Address of Conten		90111	81	Name	To: Haino and Addition	rtogrotorou i	.90	
AME	RILAWYER CHARTERED		•			-			-
	ALMERIA AVENUE			82	Street Add	dress (P.O. Box Number is Not Accept	table)		
COF	RAL GABLES FL 33134:			83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	81- 84:15 B.B.	pe je j	
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		•		84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508,	Florida Statutes 1	the above	anamed con	poration submits this statement for the	purpose of	changing it	ts registered
			, i londa otatutos, i		-named con	portation addition this attachment for the			
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida: Such tions of Section	change was autho	orized by Statutes.	the corporati	ion's board of directors. I hereby acce	ept the appoir	ntment as a	registered
	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida: Such tions of, Section	change was autho 607.0505, Florida	orized by Statutes.	the corporati	poration submits this statement for the ion's board of directors. I hereby acce	ept the appoir	ntment as a	registered
agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga Signature, typed or printed name of registered agen			istered Agen		red when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN		. (NOTE: Reg	istered Agen			DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered eger OFFICERS AN	nt and title if applicable.		istered Agen 13. 1.1 TITLE		red when reinstating)	DATE		ORS IN 12
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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 informationated 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.