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

**PROFIT** CORPORATION ANNUAL REPORT

1999



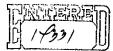
FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000081288

1. Corporation Name



| C.E.M. N  | Management, Inc.   |   | 15 179         | <i>9</i> / | _]IJ               |  |                      |                |
|---|--|---|----------------|------------|--------------------|--|----------------------|----------------|
| Principal Place   | e of Business  | Mailing Address   |                |            |                    | - T  |                      | 8181 1816 1881 |
| 1034 NW 23 STREET 1034 NW 23 STREET MIAMI FL 33127 MIAMI FL 33127 |  |   |                |            |                    | DO NOT WRITE IN TH   | IIS SPACE            |                |
|   |  |   |                |            |                    | 3. Date Incorporated or Qualifed 10/01/1996  | ****                 |                |
| Principal Place of Business     2a. Mailing Address               |  |   |                |            |                    | 4. FEI Number 65-0698255   | — <del>— · · ·</del> | Applicable     |
| 26   Suite, Apt. #, etc.   Suite, Apt. #, etc.   27               |  |   | 2.             |            |                    | 5. Certificate of Status Desired   | \$8.75 A             | dditional      |
| City & State City & State   |  |   |                | · · ·      |                    | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 t<br>Added to |                |
| Zip<br>24   |  |   |                | ntry       |                    | This corporation owes the current year     Personal Property Tax.                              |                      | □No            |
|   | 9. Name and Address of Curr  | ent Registered Agent                                      |                |            |                    | 10. Name and Address of New Register   | ed Agent             |                |
|   |  |   |                | 81         | Name               |  |                      |                |
| VAZQUEZ, MARILYN<br>1034 NW 23 STREET<br>MIAMI FL 33127           |  |   |                | 82         | Street Addr        | ess (P.O. Box Number is Not Acceptable)  |                      |                |
|   |  |   |                | 83         |                    |  |                      |                |
|   |  |   |                | 84         | City               | · ·  | 85 Zip C             | ode            |
| office or r   | egistered agent, or both, in the Sta<br>m familiar with, and accept the obli | te of Florida. Such change<br>gations of, Section 607.050 | was authorized | utes.      | ne corporatio      | oration submits this statement for the purpose in's board of directors. I hereby accept the ap | pointment as reg     | istered        |
| 40  | Signature, typed or printed name of registered a                             | AND DIRECTORS   | 13.            | Agent      | signature required | ADDITIONS/CHANGES TO OFFICERS  | AND DIRECTOR         | RS IN 12       |
| 12.   | DVC  | DELE  |                | n F        |                    | ADDITIONAL OFFICE TO OFFICE IN   | ☐ Change             | Addition       |
| TITLE   | VAZQUEZ, MARILYN   |   | 1.2 N/         |            | 1                  |  |                      | _              |
| NAME  | 13840 SW 34TH ST   |   |                |            | ADORESS            |  |                      |                |
| STREET ADDRESS  | MIAMI FL   |   |                |            |                    |  |                      |                |
| CITY-ST-ZIP   | PDT DELETE 2.11  |   | TY-ST-         | ZIF        |                    | Change   | Addition             |                |
| TITLE   | T D T  |   | 2.2 NAME       |            |                    | _ ,  | _                    |                |
| NAME  | i i i i i i i i i i i i i i i i i i i  |   |                | ADDRESS    |                    |  |                      |                |
| STREET ADDRESS  |  |   |                | ITY-ST     |                    |  |                      |                |
| CITY-ST-ZIP   | DELETE 3.11  |   |                | -21        |                    | ☐ Change   | Addition             |                |
|   |  | <b>_</b>  | 3.2 N/         |            |                    | ·  |                      |                |
| NAME  |  |   |                |            | ADDRESS            |  |                      |                |
| STREET ADDRESS  |  |   |                | TY-ST      |                    |  |                      |                |
| TITLE   |  | ☐ DELE  |                |            | -21                |  | Change               | ☐ Addition     |
|   |  | <b>_</b>  | 4, 2 N         |            |                    |  |                      |                |
| NAME<br>CEDEST ADDRESS  |  |   |                |            | ADDRESS            |  |                      | ļ              |
| STREET ADDRESS  |  |   | i              | TY-ST-     |                    |  |                      | ļ              |
| CITY-ST-ZIP   |  | DELE  |                |            | -217               |  | Change               | Addition       |
| TITLE   |  | ے مدد   | 5.2 N/         |            |                    |  | _ ,                  | -              |
| NAME  |  |   |                |            | ADDRESS            |  |                      | -              |
| STREET ADDRESS  |  |   |                | TY-ST-     | ļ                  |  |                      |                |
| CITY-ST-ZIP   |  | ☐ DELE  |                |            |                    |  | ☐ Change             | ☐ 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 of 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 of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ING OFFICER OR DIRECTOR