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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000095199

1. Corporation Name

| Principal Place of Business | Mailing Address | |
|---------------------------------|-----------------------------------|--|
| 0770 SW 61 ST. MAMI FL 33173 | 10770 SW 61 ST. MIAMI FL 33173 | |

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90086 004 ***150.00



| Principal Place | of Business | Mailing Address | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
|--|--|--------------------------------|----------------|---|---|--|--|
| 10770 SW 61 ST. 10770 SW 61 ST. | | | | | | | |
| MIAMI FL 33173 MIAMI FL 33173 | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | I - 14 W - 4 | | | 11/21/1996 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | 4. FEI Number Applied For | | | |
| 21 26 | | | | 65-0708994 Not Applicable | | | |
| Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| 22 | | | | | | | |
| City & State | · · · | City & State | | | 6. Election Campaign Financing 53.00 May Be | | |
| 23 | | 28 | 0 | <u> </u> | Tradity dried Contraction | | |
| Zip | Country | Zip | _ Country ⊐ | | 8. This corporation owes the current year Intangible Personal Property Tax. | | |
| 24 | 25 | 29 30 |) | | Personal Property Tax. | | |
| | 9. Name and Address of Current | Registered Agent | 81 | Nama | | | |
| LEON | I ISMARY | | " | "alle C | Combeyro, Francisco J. Sr. | | |
| LEON, ISMARY 10770 SW 61 ST | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| MAMI FL 33173 | | | - | 10770 SW 61 St | | | |
| HILAIT | | | 83 | | | | |
| | | | 84 | City | Miami FL 85 Zip Code 33173 | | |
| 44 Disenses + 4 | to the provisions of Saltions 607 0502 | and 607 1508. Florida Statutos | the above | nomed so | Approximate this etatement for the purpose of changing its registered | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | |
| SIGNATURE TUNG GEYN. 4-18-99 | | | | | | | |
| | Signature, typed or printed name of registered agent | | | it signature requ | quired when reinstating) | | |
| 12. | OFFICERS AND | D DIRECTORS N DELETE | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | DV | | 1.1 TITLE | | PD | | |
| NAME | CAMBEYRO, FRANCISCO J SR. | | 1.2 NAME | | CAMBEYRO, FRANCISCO J. Sr | | |
| STREET ADDRESS | 10770 SW 61 ST. | | 1.3 STREE | l l | 10770 SW 61 St | | |
| CITY-ST-ZIP | MIAMI FL 33173 | N per ere | 1.4 CITY-S | T-ZIP | Miami FL 33173 ☐ Change ★Addition | | |
| TITLE | PD | . DELETE | 2.1 TITLÉ | V | Y 1 | | |
| NAME : | ISMARY, LEON | | 2.2 NAME | | CAMBEYRO, FRANCISCO J. Jr | | |
| STREET ADDRESS | 10770 SW 61 ST. | | 2.3 STREE | ADDRESS / | 10770 SW 615+ | | |
| CITY-ST-ZIP | MIAMI FL 33173 | | 2.4 CITY-5 | T-ZIP | Miami, FL 33173 | | |
| TITLE | | ☐ DELETÉ | 3.1 TITLE | S | S | | |
| NAME | | | 3.2 NAME | 4 | LEON, ISMARY | | |
| STREET ADDRESS | | | 3.3 STREE | ADDRESS / | 10770 SW 615+ | | |
| CITY-ST-ZIP | | | 3.4. CITY-5 | T-ZIP | Miami, FL 33173 | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition | | |
| NAME | | | 4, 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREE | ADDRESS | | | |
| CITY-ST-ZIP | • • • | | 4.4 CITY-S | T-ZIP | | | |
| TITLE | 1.1000 · · | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition | | |
| NAME | | | 5.2 NAME | 1 | | | |
| STREET ADDRESS | > ' | | 5.3 STREE | ADDRESS | } | | |
| CITY-ST-ZIP | <i>*</i> | | 5.4 CITY-S | T- ZIP | <u></u> | | |
| TITLE | \$ | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition | | |
| NAME | • | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREE | TADORESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY-S | | | | |
| ULIT-SI-ZIP I | | | | - 1 | | | |

CITY-ST-ZiP 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 of 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.