Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90150 033 ***158.75

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 # P96000098110

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Principal Place	e of Business	Ma	iling Address	_			7	t i Maildhi sen imira miri	i Balli Balii Aalii Aa		13884 111	911 EE17 1001
7367 SW 8 STREET 7367 SW 8 STREET												
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							3 Do	te Incorporated or Q		- JI-NOL		
ı							1	l/01/1997	uameu			
2 Dringing D	lace of Business	72	Mailing Address					l Number			Ann	ed For
	lace of business	26	Maning Address				I	5-0717413		\vdash		Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.						1	\$8.7		ditional
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City & State			City & State				- 6 Fla	ection Campaign Fina	encina	\$5	00 M	av Be
23	o .	28	V., v.				1	st Fund Contribution	- 11		ded to	
Zip	Соил ту	- 28	Zip	Cour	ntry			is corporation owes t				
24	25	29		30	•			rson al Property Tax.	•	☐Yes	[∮ No
	9. Name and Addres			[00]				me and Address of		1 Agent		
					81	Name		<u> </u>				
CUE	NCA, MIRIAM S					0: 11		- H H	A			
7367 SW 8 STREET					82	Street A	g ress (P.O.	Box Number is Not	Acceptable)			
MIAN	VII FL 33144			Ì	83							
					84	City			F	85	Zip Co	qe
11 Dureugut	to the provisions of Section	one 607 0502 and 60	07 1508 Florida Status	es the at	nve	-named co	poration su	bmit; this statement	for the purpose	//changin	g its re	gistered
office or r	anistered agent or both i	n the State o. Florid	la. Such change was a	uthorized	bv t	he corpor	ation's board	of d rectors. I hereb	y accept the app	hintment a	is regi	tered
agent. La	m familiar with, and accep	of the obligations of,	Section 607.0505, Fice	rida Statu	nes.					D=		
SIGNATURE	Signature, typed or printed nar ie o	f recreatered accept, and falls a	f annicable (NOTE	Registered	Agent	signature reg	u red when reinsta	etina)	DATE	- 10		i
12.		FICERS AND DIRE		13.		organization rough		DITIC NS/CHANGES	TO OFFICERS A	ND DIRE	CTOR	5 IN 12
TITLE	P		☐ DELETE	1.1 TIT	rle .				-	¬√ Cha		Addition
NAME	CUENCA, MIRIAM S			1.2 NA	ME					, =		
STREET ADDRESS	7367 SW 8TH ST			13 STF		1 3 STREET ADDRESS				Ē		1
	MIAMI FL 33144			1.4 CIT						$\dot{\sim}$		
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NAME				5.2 NA								į
STREET ADDRESS						ADDRESS						
CITY ST 710				54 CI	TY-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 or rtify 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.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

OELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

MINIAM S CICLURA

GNATU RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addition