**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000102782

1. Corporation Name

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

02-27-1999 90004 046 \*\*\*150.00

Principal Place		Mailing Address 5895 NW 167TH ST	<b>.</b>		
MIAMI FL 33015 MIAMI FL 33015					
					IN THIS SPACE
				3. Date Incorporated or Qualifed 12/23/1996	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		APPLIED FOR	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22 City 8 Ctat		City & State		- Flade Carrie Finance	\$5.00 May Be
City & Stat	e	28		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
<b>23</b>	Country	Zip	Country	This corporation owes the current	
24	25	29 3	¬ '	Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Curren		-	10. Name and Address of New Re-	gistered Agent
2601	er, Jon W Esq. I so Bayshore Drive Ste 160 MI FL 33133	00	81 Name 82 Street Addry 83 84 City	ALL DABBLEK I  PES (P.O. Box Number is Not Acceptable  ALL ST	FL 85 Zin Cade
11 Pursuant	to the provisions of Sections 607 050:	2 and 607 1508. Florida Statutes	the above-named corpo	oration submits this statement for the pu	rease of changing its registered
11. Pursuant office or r agent. I a	egistered agent or high, in the State in familiar with account the obligation	of Florida. Sych change was auth tions of Section 607,0505, Florid	, the above-named corporation a Statutes.	o when reinstating)	prose of changing its registered the appointment as registered DATE
office or r agent. I a	egistered agent certosh, in the State on familiar unit, and account the obligation of the obligation o	of Florida. Sech change was authtions of 95tion 607.0505, Florid  nt and title if applicable. (NOTE Ri	norized by the corporation a Statutes.  Egistered Agent signature required  13.	on's board of directors. I hereby accept t	prose of changing its registered the appointment as registered  26 99  DATE  CERS AND DIRECTORS IN 12
office or r agent. I a SIGNATURE	egistered agent certoon, in the State on familiar with, and account the obligation of the obligation o	of Florida. Sech change was authors of Section 607.0505, Florid	orized by the corporation a Statutes.  egistered Agent signature required  13.  1.1 TITLE	on's board of directors. I hereby accept to	prose of changing its registered the appointment as registered DATE
office or r agent. I a SIGNATURE 12. TITLE NAME	egistered agent certoth, in the State on familiar with, and account the obligation of registered agen.  Signature, typed or printed parts of registered agen.  OFFICERS AN P ESTEVE, JERONIMO M	of Florida. Sech change was authtions of 95tion 607.0505, Florid  nt and title if applicable. (NOTE Ri	norized by the corporation a Statutes.  segistered Agent signature required  13.  1.1 TITLE  1.2 NAME	on's board of directors. I hereby accept to	prose of changing its registered the appointment as registered  26 99  DATE  CERS AND DIRECTORS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	egistered agent county, in the State m familiar with a county the obligation of the	of Florida. Sech change was authtions of 95tion 607.0505, Florid  nt and title if applicable. (NOTE Ri	norized by the corporation a Statutes.  egistered Agent signature required  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	on's board of directors. I hereby accept to	prose of changing its registered the appointment as registered  26 99  DATE  CERS AND DIRECTORS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent certoth, in the State on familiar with, and account the obligation of registered agen.  Signature, typed or printed parts of registered agen.  OFFICERS AN P ESTEVE, JERONIMO M	of Florida. Sech change was authtions of Society 607.0505, Florid  at and title if applicable. (NOTE Re	norized by the corporation a Statutes.  egistered Agent signature required  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	on's board of directors. I hereby accept to	prose of changing its registered the appointment as registered  26  DATE  CERS AND DIRECTORS IN 12  Change Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent county, in the State m familiar with a county the obligation of the	of Florida. Sech change was authtions of 95tion 607.0505, Florid  nt and title if applicable. (NOTE Ri	norized by the corporation a Statutes.  egislered Agent signature required  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE	on's board of directors. I hereby accept to	prose of changing its registered the appointment as registered  26 99  DATE  CERS AND DIRECTORS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent county, in the State m familiar with a county the obligation of the	of Florida. Sech change was authtions of Society 607.0505, Florid  at and title if applicable. (NOTE Re	norized by the corporation a Statutes.  egistered Agent signature required  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME	on's board of directors. I hereby accept to	prose of changing its registered the appointment as registered  26  DATE  CERS AND DIRECTORS IN 12  Change Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent county, in the State m familiar with a county the obligation of the	of Florida. Sech change was authtions of Society 607.0505, Florid  at and title if applicable. (NOTE Re	norized by the corporation a Statutes.  egistered Agent signature required  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	on's board of directors. I hereby accept to	prose of changing its registered the appointment as registered  26  DATE  CERS AND DIRECTORS IN 12  Change Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent county, in the State m familiar with a county the obligation of the	of Florida. Sech change was authtions of Society 607.0505, Florid  at and title if applicable. (NOTE Re	norized by the corporation a Statutes.  egistered Agent signature required  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME	on's board of directors. I hereby accept to	prose of changing its registered the appointment as registered  26  DATE  CERS AND DIRECTORS IN 12  Change Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent county, in the State m familiar with a county the obligation of the	of Florida. Sector change was authors of sector 607,0505, Florid  It and title if applicable. (NOTE Ri  ID DIRECTORS  DELETE	orized by the corporation a Statutes.  egistered Agent signature required  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP	on's board of directors. I hereby accept to	prose of changing its registered the appointment as registered  26  DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent county, in the State m familiar with a county the obligation of the	of Florida. Sector change was authors of sector 607,0505, Florid  It and title if applicable. (NOTE Ri  ID DIRECTORS  DELETE	orized by the corporation a Statutes.  orisidered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	on's board of directors. I hereby accept to	prose of changing its registered the appointment as registered  26  DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	egistered agent county, in the State m familiar with a county the obligation of the	of Florida. Sector change was authors of sector 607,0505, Florid  It and title if applicable. (NOTE Ri  ID DIRECTORS  DELETE	norized by the corporation a Statutes.  segistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	on's board of directors. I hereby accept to	prose of changing its registered the appointment as registered  26  DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	egistered agent county, in the State m familiar with a county the obligation of the	of Florida. Sector change was authors of sector 607,0505, Florid  It and title if applicable. (NOTE Ri  ID DIRECTORS  DELETE	orized by the corporation a Statutes.  egistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	on's board of directors. I hereby accept to	prose of changing its registered the appointment as registered  26  DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent county, in the State m familiar with a county the obligation of the	of Florida. Section change was authors of section 607.0505, Florid  It and title if applicable. (NOTE RI  ID DIRECTORS  DELETE  DELETE	orized by the corporation a Statutes.  egistered Agent signature required  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	on's board of directors. I hereby accept to	irpose of changing its registered the appointment as registered  26 DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	egistered agent controls, in the State m familiar with a control the obligation of registered agen OFFICERS AN P ESTEVE, JERONIMO M 5895 NW 167TH ST	of Florida. Section change was authors of section 607.0505, Florid  It and title if applicable. (NOTE RI  ID DIRECTORS  DELETE  DELETE	orized by the corporation a Statutes.  egistered Agent signature required  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	on's board of directors. I hereby accept to	irpose of changing its registered the appointment as registered  26 DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent controls, in the State m familiar with a control the obligation of registered agen OFFICERS AN P ESTEVE, JERONIMO M 5895 NW 167TH ST	of Florida. Section change was authiness of section 607.0505, Florid  It and title of applicable. (NOTE RI  ID DIRECTORS  DELETE  DELETE  DELETE	orized by the corporation a Statutes.  egistered Agent signature required  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME	on's board of directors. I hereby accept to	prose of changing its registered the appointment as registered    26   9     DATE
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent controls, in the State m familiar with a control the obligation of registered agen OFFICERS AN P ESTEVE, JERONIMO M 5895 NW 167TH ST	of Florida. Section change was authors of section 607.0505, Florid  It and title if applicable. (NOTE RI  ID DIRECTORS  DELETE  DELETE	orized by the corporation a Statutes.  egistered Agent signature required  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE	on's board of directors. I hereby accept to	irpose of changing its registered the appointment as registered  26 DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent controls, in the State m familiar with a control the obligation of registered agen OFFICERS AN P ESTEVE, JERONIMO M 5895 NW 167TH ST	of Florida. Section change was authiness of section 607.0505, Florid  It and title of applicable. (NOTE RI  ID DIRECTORS  DELETE  DELETE  DELETE	orized by the corporation a Statutes.  egistered Agent signature required  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME	on's board of directors. I hereby accept to	prose of changing its registered the appointment as registered    26   9     DATE
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent controls, in the State m familiar with a control the obligation of registered agen OFFICERS AN P ESTEVE, JERONIMO M 5895 NW 167TH ST	of Florida. Section change was authiness of section 607.0505, Florid  It and title of applicable. (NOTE RI  ID DIRECTORS  DELETE  DELETE  DELETE	orized by the corporation a Statutes.  egistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	on's board of directors. I hereby accept to	prose of changing its registered the appointment as registered    26   9     DATE
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent controls, in the State m familiar with a control the obligation of registered agen OFFICERS AN P ESTEVE, JERONIMO M 5895 NW 167TH ST	of Florida. Section change was authined of section 607.0505, Florid  It and title of applicable. (NOTE RI  ID DIRECTORS  DELETE  DELETE  DELETE  DELETE	orized by the corporation a Statutes.  egistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.4 CITY-ST-ZIP	on's board of directors. I hereby accept to	pare of changing its registered the appointment as registered to t
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent controls, in the State m familiar with a control the obligation of registered agen OFFICERS AN P ESTEVE, JERONIMO M 5895 NW 167TH ST	of Florida. Section change was authiness of section 607.0505, Florid  It and title of applicable. (NOTE RI  ID DIRECTORS  DELETE  DELETE  DELETE	orized by the corporation a Statutes.  egistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	on's board of directors. I hereby accept to	prose of changing its registered the appointment as registered    26   9     DATE
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent controls, in the State m familiar with a control the obligation of registered agen OFFICERS AN P ESTEVE, JERONIMO M 5895 NW 167TH ST	of Florida. Section change was authined of section 607.0505, Florid  It and title of applicable. (NOTE RI  ID DIRECTORS  DELETE  DELETE  DELETE  DELETE	positive displaying required  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  6.1 TITLE  6.1 TITLE  6.2 NAME	on's board of directors. I hereby accept to	pare of changing its registered the appointment as registered to t
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME	egistered agent controls, in the State m familiar with a control the obligation of registered agen OFFICERS AN P ESTEVE, JERONIMO M 5895 NW 167TH ST	of Florida. Section change was authined of section 607.0505, Florid  It and title of applicable. (NOTE RI  ID DIRECTORS  DELETE  DELETE  DELETE  DELETE	orized by the corporation a Statutes.  egistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	on's board of directors. I hereby accept to	pare of changing its registered the appointment as registered to t

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (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 region 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 a other like empowered

SIGNATURE: