**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90002 031 \*\*\*150.00

## DOCUMENT # P96000103676

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Principal Place	e of Business	Mailing Address		′			
1023 N DIXIE HWY 1023 N DIXIE HWY WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401			MACH.				
WEST PALM BE	EACH FL 334UI	MEST LYTIN DEVOLUTE 20	NU1	DO NOT WRITE IN TH	IIS SPACE		
}				3. Date incorporated or Qualifed			
}				12/23/1996			
	lace of Business	2a. Mailing Address		4. FEI Number		plied For	
21		26		65-0715863		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22		27			\$5,00		
City & Stat	·	City.& State	<u></u>	6: Election Campaign Financing  Trust Fund Contribution	Added to	,	
Zip	Country	Zip	Country	8. This corporation owes the current year		<del>5. 555</del>	i
<b>⊢</b> '	25	29	30	Personal Property Tax.	Yes	□No	
24	9. Name and Address of Curre		1901	19. Name and Address of New Register	ed Agent		
			81 Name				
	idez, ramon q		82 Street A	ddress (P.O. Box Number is Not Acceptable)			
1023 N DIXIE HWY			02 3/100E/A	day day ( ) . O. Dox ( day job to ( ) day ( )			
WES	T PALM BEACH FL 33401		83	•			
			84 City	111 113 113 113 113	85 Zip C	ode, i	
			1 1 - 3	学式等2000年16日 <b>6</b>		ode,	Ī
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the above-named or	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its : pointment as rec	registered gistered	
agent la	m familiar with, and accept the obliga	stings of Section 607 0505 Flo	eida Statutos		•	•	
		alibris or, section cor. 0500, 1 to	ing yeardies.	•			
SIGNATURE	Ramon	Duy ma				<del>_</del>	 سر ا
SIGNATURE	Signature, typed or printed name of registered age	on and title if applicable. (NOTE	: Registered Agent signature req	pured when reinstating) DATE			(86)
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	Duy ma					(11/98)
SIGNATURE	Signature, typed or printed name of registaried age OFFICERS AI	enfand title if applicable. (NOTE ND DIRECTORS	: Registered Agent signsture req	pured when reinstating) DATE	AND DIRECTO	R\$ IN 12	34 (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, Speed or ponted name of registered age OFFICERS AID MENDEZ, RAMON Q	enfand title if applicable. (NOTE ND DIRECTORS	: Registered Agent signature req 13, 1.1 TITLE	pured when reinstating) DATE	AND DIRECTO	R\$ IN 12	F034
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registaried age OFFICERS AI	not and title if applicable. (NOTE  NO DIRECTORS  DELETE	: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME	pured when reinstating) DATE	AND DIRECTO	R\$ IN 12	R2E034 (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AI  D MENDEZ, RAMON Q 1023 N DIXIE HWY	not and title if applicable. (NOTE  NO DIRECTORS  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	pured when reinstating) DATE	AND DIRECTO	R\$ IN 12	F034
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI  D MENDEZ, RAMON Q 1023 N DIXIE HWY	not and total of applicable. (NOTE  NO DIRECTORS  DELETE	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	pured when reinstating) DATE	AND DIRECTO	R\$ IN 12	F034
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6.4 CITY-ST-ZIP 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 eath; 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.

RAMON MENDEZ

8.3 STREET ADDRESS

STREET ADDRESS

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON MENDEZ

561-835-6750