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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700001163

1. Corporation Name

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90199 030 ***150.00

							
Principal Flace of Business	Mailing Address			1 100710000 (10 1011) 1880(1)	88411 88 111 88 111 81 1	den gynga filend filbli	# #11## 1611 (##)
1405 S.W. 93RD PLACE	1405 S.W. 93RD PLACE			1			
MIAMI FL 33174 MIAMI FL 33174				DO NO	T WRITE IN TH	IIC CDACE	
				3. Date Incorporated or Qu		113 SPACE	
				12/31/1996			Į
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		A	polied For
24	26			65-0758569		N	ot Applicable
Suite, Fpt. #, etc.	Suite, Apt. #, etc.				ired 🔲	\$8.75	/,dditional
22	27			5. Certificate of Status Des		Fee R	equired
City & State	City & State			6. Election Campaign Fina	ncing	•	Мау Ве
23	28	_		Trust Fund Contribution		Added	to Fees
Zip Country	Zip	Countr	у	 This corporation owes the 	ne current year		
24 25	29	30		Perso nal Property Tax.	N	Yes	□No
9. Name and Address of Curren	t Registered Agent	8	1 Name	10. Name and Address of	New Register	ed Agent	
VILA, GEORGE J		l°.	Name				
11961 S.W. 94TH STREET		8:	2 Street A	Idress (P.O. Bo Number is Not A	(cceptable)		
MIAMI FL 33186		8:	-				
MI/AMI 1 E 55 100		0.	3				
		84	4 City		F	85 Zip	Code
		I					
44 Pursuant to the provisions of Sactions 607 050	C and 607.1508. Florida Statu	l ites, the above	ve-named c	prporation submits this statement	for the purpose	of changing it	s egistered
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and a cept the obliga	ut Elorido Such change was :	SUMPORTS OF DE	V IDE COIDOI	prporation submits this statement ation's board of directors. I hereby	for the purpose accept the ap	of changing it pointment as r	s registered eçiistered
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14. hereby certify that the information supplied with this filing does not qualify fir the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicate d on this annual report or suppliemental 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 corpora ion or the receiver or hustee empowered to execute this report as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attathment with an address, with all other like empowered.

CANLOS LANIU

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR I RINTED NAME OF SIGNING OFFICER OR DIRECTOR