Applied For

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

□No

Not Applicable

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 # P9700001573

Suite, Apt. #, étc.

HUWER, KRISTINA M

6781 RED ROAD, INC.

Principal Place of Business	Mailing Address	
6781 RED ROAD CORAL GABLES FL 33143	6781 RED ROAD CORAL GABLES FL 33143	
2. Principal Place of Business	2a. Mailing Address	

		21	
ity & State		City & State	-
	** *	28	
P	Country	Žip	Country
	25	29	30
	9. Name and Address of Cu	rrent Registered Agent	
			81 Name

Suite, Apt. #, etc.

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90069 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

This corporation owes the current year Intangible.

This corporation owes the current year Intangible.

The second of the current year Intangible.

The second of the current year Intangible.

10. Name and Address of New Registered Agent

01/01/1997 4. FEI Number

65-0723987

MIAMI FL 33178 83	10120 DORAL BLVD		82	82 Street Address (P.O. Box Number is Not Acceptable)					
The present 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent segreture required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE NAME 12. NAME 14. CITY-ST-ZIP HUWER, KRISTINA M. 10420 DORAL BLVD 13. STREET ADDRESS CITY-ST-ZIP TITLE NAME 14. CITY-ST-ZIP TITLE 15. TITLE 16. Change Addition Addition 16. Change Addition 17. STATE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition 19. NAME 10. Change Addition 10. NAME 10. Change Addition 10. NAME 10. Change Addition 10. Change Addition 10. NAME 10. NAME 10. Change Addition 10. Change Addi				83					
The person of 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, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name or registered agent and title if applicable. [NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP HUWER, KRISTINA M. 10420 DORAL BLVD 13. STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE 1.2 NAME 2.2 NAME 2.2 NAME 2.2 NAME 2.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP DELETE 3.3 STREET ADDRESS CITY-ST-ZIP DELETE 3.4 CITY-ST-ZIP Change Addition Addition NAME 3.5 NEET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE Change Addition Addition NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE Change Addition Addition NAME 3.3 STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE Change Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO							 		
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	office or re	egistered agent, or both, in the State of Florida.	Such change was auth	orized by	he corporat	rporation submits this statement for the tion's board of directors. I hereby acc	e purpose of c ept the appoin	changing its	registered gistered
12.	SIGNATURE	Signature, typed or printed name of registered agent and title if apr	dicable. (NOTE: Re	gistered Agent	signature requi	red when reinstating)	DATE		
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64 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		<u> </u>							

indicated on this annual report or supplied 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.