FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9700007023

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90134 042 ***150.00

RICHARI	D DUARTE, P.A.									
Principal Prace	e of Business	Mailing Address	···			1 1005/1005 115 101/1 100/1 00/	a Marci Macin an ire	22 151 1 23 11	1615 11	688 tiri 1 86 1
2937 SW 27TH AVE 2937 SW 27TH AVE										
SUITE 100A SUITE 100A						DO NOT W	OTE IN THE	SDACE		
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						· '	eu			
2. Principal Place of Business 2a. Mailing Address						01/23/1997 4. FEI Number		Т	Ann	lied For
 1	lace or business	26				65-0731849		├ ─	<u> </u>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.7	<u> </u>	ditional
22		27				5. Certificate of Status Desired			e Req	
City & Etate	e	City & State				6. Election Campaign Financi	ng	\$5.	00 1	May Be
23		28				Trust Fund Contribution	·9 🗆			Fees
Zip	Country	Zip	Cour	itry		8. This corporation owes the o	current year Int	angible	-	
24	25	29	30			Persor al Property Tax.		☐ Yes		 ₹No
	9. Name and Address of Current	Registered Agent				10. Name and Address of Ne	w Registere d	Agent_		
				81	Name					
	RTE, RICHARD		}	82	Street Ac'c	dress (P.O. Bo) Number is Not Acc	eptable)			
2937 SW 27TH AVE			į				· ·			
SUITE 100A				83						
COU	CONUT GROVE FL 33133		}	84	City			85	Zip C	ode
	to the provisions of Sections 607.0502		ı	- }	•		<u>FL</u>	-	·	
SIGNATURE	rn familiar with, and at cept the obligati	and title if applicable. (NO	: Registered		signature requi	red when reinstating)	DATE			
12.	OFFICERS AND		13.		————	ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRE		Addition
TITLE	D .	☐ DELETE		1.1 TITLE				□ Cila	ige	☐ Addition
NAME :	DUARTE, RICHARD		1.2 NAME							
STREET ADDRE 3S	2937 SW 27TH AVE, SUITE 100)-A			ADDRESS					
CITY-ST-ZIP	COCONUT GROVE FL 33133			Y-\$T-	-ZIP			☐ Char	nne	Addition
<i>IIITE</i>		() DELETE	2.1 TIT		\				,g~	
NAME			2.2 NA							
STREET ADDRE 3S			2.3 STREET ADDRESS							
CITY-ST-ZIP i	□ DEL			2.4 CiTY-ST-ZiP 3.1 TITLE				☐ Cha	nge	Addition
TITLE	_ beter			3.2 NAME				•		
NAME					ADDRESS					
STREET ADDRESS			3.4. CI		l					}
TITLE		☐ DELETE	4.1 TIT					☐ Cha	nge	Addition
NAME			4. 2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4.4 CIT		1					
TITLE		☐ DELETE	5.1 TIT					Cha	nge	☐ Addition
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 STI	REET.	ADDRESS					Ì
CITY-ST-ZIP			5.4 CIT	Y-ST	- ZIP					
TITLE		☐ DELETE	6.1 TIT	ιE				☐ Cha	nge	Addition
NAME			6.2 NA	ΜE						
STREET ADDRES S			6.3 STI	REET	ADDRESS					
			6.4 CIT	Y-ST	-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify to 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 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.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGMING OFFICER OR DIRECTOR