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

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90056 042 ***150.00

i. Corporation	MENT # P97000 STLE, INC.	018601				
Principal Place	e of Business	Mailing Address		2 indition its fant teatt admi gant admi ann		1184 1191 1891
15184 SW 111T	H STREET	15184 SW 111TH STREET				
MIAMI FL 33196-502 MIAMI FL 33196-502			DO NOT WRITE IN THI	C CDACE		
US	•	US		3. Date Incorporated or Qualified	3 SPACE	
	•			02/27/1997		
2 Principal P	lace of Business	2a. Mailing Address		*4: FEI Number	Appl	lied For
21 26				65-0732112) <u> </u>	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Ad	ditional	
22		27		5. Certificate of Status Desired	Fee Req	uired
		City & State		6. Election Campaign Financing	\$5.00 M	
23	<u> </u>	28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year l		
24 .	25	_ <u></u>	30	Personal Property Tax. 10. Name and Address of New Registered		No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered	u Agent	
CAS	TILLO, OCTAVIO B		or Hame			
15184 SW 111TH STREET			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)		Ì
	MI FL 33196		83			
			84 City	F	85 Zip Co	ode
44 Durana	to the acquisings of Sections 607 050	2 and 607 1508 Florida Statute	s the above-named co	progration submits this statement for the purpose of	of changing its re	eaistered
¬ office or r	egistered agent, or both, in the State (of Florida. Such change was au	ithorized by the corpora	ation's board of directors. I hereby accept the app	ointment as regi	stered
agent. I a	m familiar with, and accept the obligat	lons of, Section 607.0505, Fion	ida Statutes.			ì
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating) DATE		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE	D .	Change	Addition
NAME	CASTILLO, OCTAVIO		1.2 NAME	EASTI LLO, OCTAVIO		
STREET ADDRESS	7515 S.W. 153RD COURT #107	7	1.3 STREET ADDRESS	15184 sw / litustice Miani, FL 33196	*	
CITY-ST-ZIP	MIAMI FL 33193		1.4 CITY-ST-ZIP	Miani, FL 33196		
πτιε		☐ DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS		•	
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	•		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			□ 4 d d d d
TITLE		☐ DELETÉ	4.1 TITLE		Change	☐ Addition
NAME			4, 2 NAME		•	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			73 4 (A)
TITLE		☐ DELETE	5.1 TITLE	·	☐ Change	Addition
. NAME						
. (0 0112			5.2 NAME			
STREET ADDRESS	}		5.3 STREET ADDRESS			
			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			prof ≜ Alabora
STREET ADDRESS		☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change	Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

305-622-2858

CROEDSA