SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000020189

Principal Place 13041 S.W. 122 MIAMI FL 33186	ND AVENUE	Mailing Address 13041 S.W. 122ND AVENUMIAMI FL 33186	JE			DO NOT WRIT 3. Date Incorporated or Qualified 03/04/1997				
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— `	lace of Business	26. Walling Address				65-0732864			lot Applic	
Suite, Apt.	# etc.	Suite, Apt. #, etc.				1			Additiona	
22	.,,	27				5. Certificate of Status Desired			Required	.
City & State	e	City & State				6. Election Campaign Financing			May Be	
23 Zin	Country	28	Cou	ntry		Trust Fund Contribution		Addec	to rees	
Zip	Country	29	30	rici y		 This corporation owes the current Intangible Personal Property. 	entyear [Yes [] No	\
24	9. Name and Address of Current		1301		-	10. Name and Address of New R	egistered			
	· Hallo and Addioss of Outron	Hogistorea Agent		81 1	Name		<u> </u>			
PERE	EZ, NORLAN					(D.O. D				
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MIAN	AI FL 33126			83				· - -		
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				84 (City		FL	85 Zip	Code	1
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statut	es, the ab	ove-na	med corpora	ation submits this statement for the pu	mose of ch	anging its	egistered	
office or	to the provisions of sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligations. Signature, typed or printed name of registered agent	of Florida. Such change was tions of, section 607.0505, F	authorize Iorida Stat	d by the	e corporation	ation submits this statement for the pun's board of directors. I hereby accepted when remstating)	mose of ch	anging its intment as i	egistered egistered	
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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, of on an attachment with an address. SUTION LOS BUILD RECEIVED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #

FILED Aug 03, 1999 8:00 am Secretary of State

08-03-1999 90003 034 ***550.00