

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

PROFIT  
CORPORATION  
ANNUAL REPORTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 AM 7:15



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1997

4. FEI Number

65-6731600

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax.☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LACAYO, ESTELA  
3420 NW 18 TERR.  
MIAMI FL 33125

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## OFFICERS AND DIRECTORS

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DP ☐ DELETELACAYO, ESTELA  
3420 NW 18 TERR.  
MIAMI FL 33125

11 TITLE

11 NAME

12 STREET ADDRESS

13 CITY-ST-ZIP

S ☐ DELETECALDERON, JEANNETTE  
3420 NW 18 TERR.  
MIAMI FL 33125

21 TITLE

21 NAME

22 STREET ADDRESS

23 CITY-ST-ZIP

☐ DELETE

31 TITLE

31 NAME

32 STREET ADDRESS

33 CITY-ST-ZIP

41 TITLE

41 NAME

42 STREET ADDRESS

43 CITY-ST-ZIP

51 TITLE

51 NAME

52 STREET ADDRESS

53 CITY-ST-ZIP

61 TITLE

61 NAME

62 STREET ADDRESS

63 CITY-ST-ZIP

71 TITLE

71 NAME

72 STREET ADDRESS

73 CITY-ST-ZIP

3000003256219-6  
-05/17/00--01082--029  
\*\*\*\*150.00 \*\*\*\*150.00

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

4-25-2000

Date

Daytime Phone #

CR2E034 (11/98)