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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9700030819

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Feb 13, 1999 8:00 am Secretary of State

02-13-1999 90030 023 ***150.00

ADELI C	CORPORATION							
Principal Place	e of Business	Mailing Address			(19913891 FID 10111 19031 08411 81	0) f	HINT COLOR FOLD	f
7525 NW 37 AV	VE	ASTAN 297						-
BLDG E 3550 NW 33 ST					DO NOT WRITE IN THIS SPACE			
MIAMI FL 33147 MIAMI FL 33142					3. Date Incorporated or Qualifed			
					04/04/1997].
2. Principal P	lace of Business	2a. Mailing Address	···		4. FEI Number		A	oplied For
21	ido di Eddinoso	26			65-0741472		<u> </u>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Additional
22		27			5. Certifcate of Status Desired	Π ,	Fee R	equired
City & State City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution	<u></u>	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the cur	rent year Inta		
24	25	29 30	<u> </u>		Personal Property Tax.	D	(Q/Yes	□No
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New	Registered	Agent	
ne i	LIMA, ADA MARIA		""	Name				
	5 97 ST		82	Street Addr	ress (P.O. Box Number is Not Accept	able)	,	
#4	3 37 3.		83		7.3 × 2.2 × 3.3 ×	30 67 3375	7,185,1.72	11915 1811 (6-3)
•• •	HARBOR ISLAND FL 33154		00			: : (\$: }*!.\$		
D; 11			84	City		FL	85 Zip	Code
oπice or r agent. I a	registered agent, or both, in the Stat im familiar with, and accept the oblic	te of Florida. Such change was auth gations of, Section 607.0505, Florida	norized by a Statutes	the corporation	oration submits this statement for the on's board of directors. I hereby acce	pt the appoir	ntment as re	egistered
agent, I a	em familiar with, and accept the obligations of the obligation of	gations of, Section 607.0505, Fioriog gent and title if applicable. (NOTE: Re	a Statutes		d when reinstating)	DATE		
agent. I a SIGNATURE 12.	Em familiar with, and accept the obligation of t	gations of, Section 607.0505, Florida gent and title if applicable. (NOTE: Re	a Statutes agistered Agen		d when reinstating) ADDITIONS/CHANGES TO OF	DATE		
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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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR