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PROFIT CORPORATION ANNUAL REPORT	Sandra Secret	B. Mort. Am ary of State CORPORATIONS	1	May 21 1998 8:00an Secretary of State			
POCUMENT # POOO	0036541	,- <u></u>					
David Rack & Pinor			<u></u>				
Principal Plage of Business	Mailing Address	10-0 0 11					
12500 \$W. 13051 Bay 4 12500 SW. 13051. Bay							
Hiami, 1 33186	Miami, F1 33	1818	DO NOT WRITE IN TH	IS SPACE			
	(1141/11) 1 . 5.	-10-0	3. Date Incorporated or Qualified 4-23-99				
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 65-0745577	Applied For Not Applicable			
Suite Apt. #, elc	Suile, Apt. #, elc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country	Zip	Country	8. This corporation owes or has paid the d				
24 25	29	30	Personal Property Tax due June 30.	Yes No			
	Current Registered Agent	81 Name	10. Name and Address of New Registers	ad Adent			
Jesus D. Sweez		DO Cural Add					
1200 S.W 1305t B	say 4	82 Street Add	ress (P.O. Box Number is Not Acceptable)				
L .	J	83					
Miami, F1 33186		84 City	F	85 Zip Code			
 Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent Fam familiar with, and necept the 	07 0502 and 607 1508. Florida Statu e State of Florida. Such change was e obligations of Section 607,0505, F	ites, the above-named corp authorized by the corpora lorida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap-	of changing its registered oppointment as registered			
SIGNATURE Segnation tips of or principle of the Land	to any any action of the district State of the	TE Registered Agent signature requi	red when reinstating) DATE				
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A				
THE DIVISIT	☐ DELETE	1.1 TITLE		Change Addition			
HAME Jesus D. Sugrez	6. 11	1 2 NAME					
STREET ADDRESS 13500 5.W 13051 CITY-ST-Z> MIGMI, F1 3318	(Say 4	1 3 STREET ADDRESS		į i			
THILE MICHAEL 3318	□ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition			
NAME		2 2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS		İ			
CITY-ST-ZIP		2. 4 CITY-ST-ZIP					
TITLE	DELETE	3 1 TITLE		Change			
NAME		3.2 NAME					
STREET ADDRESS		3 3 STREET ADDRESS					
CITY-ST-ZIP TITLE	DELETE	3.4. CITY-ST-ZIP 4.1. TITLE	<u> </u>	☐ Change ☐ Addition			
NAME		4. 2 NAME					
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City-St-ZiP		4 4 CITY-ST-ZIP					
TITLE	☐ DELETE	5 1 TITLE		☐ Change ☐ Addition			
NAME		5 2 NAME		1/1/			
STHEET ADDRESS		5 3 STREET ADDRESS) かど			
UNE	☐ DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change Addition			
		E 9 1 111 LP {		- Annual - I underrout (

NAME

STREET ADDRESS

CITY-ST-2F

14. Thereby 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 primar attachment with an address.

SIGNATURE: X

E AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR