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 # P97000039298 1. Corporation Name



08-20-1999 90004 008 ***550.00

HE	YAIME & MARTINEZ, P.A.	,00003236			-
1015 W	al Place of Business EST HILLSBOROUGH AVE	Mailing Address			
[10ml H FL 33603 1013 V		1015 WEST HILLSBO TAMPA FL 33603	DROUGH AVE	Service and service and service retrie 1915 (915) [6]	
				DO NOT WRI	TE IN THIS SPACE
2. Princi	pal Place of Business	2a. Mailing Address		Date Incorporated or Qualified 04/30/1997	
21 Suite	Suite, Apt. #, etc.			4. FEI Number	
22				59-3460107	Applied For Not Applicable
= 23	State	City & State		5. Certificate of Status Desired	\$8.75 Additional
Zip	Count	28		6. Election Campaign Financing	Fee Required
24	Country 25	Zip	Country	irust Fund Contribution	\$5.00 May Be Added to Fees
[9. Name and Address of Curr	ent Registered &	30	8. This corporation owes the currer	it year
¶ ∫ β	PIMENTEL, MILQUEY A	Marie Agent		Intangible Personal Property. 10. Name and Address of New Re	Yes No
6	804 CHIPPENDALE CT		81 Name	The second of New Re	gistered Agent
TAMPA FL 33634			82 Street A	ddress (P.O. Box Number is Not Acceptable	
1			83		a)
11. Pursua	ant to the provisions of sections 607 050	20 / 0	84 City		
agent.	or registered agent, or both, in the State	of Florida. Such change was	tes, the above-named con	poration submite this -t-t-	FL 85 Zip Code
SIGNATURE	E	pations of, section 607.0505, F	aumonzed by the corporation of t	poration submits this statement for the purpo ation's board of directors. I hereby accept th	ise of changing its registered
12.	Signature, typed or printed name of registered age	nt and title if applicable.		•	a spontinent as registered
TITLE	P OFFICERS AN	ID DIRECTORS	OTE: Registered Agent signature re	equired when reinstating)	 _
NAME	HEYAIME, MARIBEL	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	
STREET ADDRESS	6804 CHIPPENDALE CT		1.2 NAME		RS AND DIRECTORS IN 12 Change Addition
CITY-ST-ZIP	TAMPA FL 33634		1.3 STREET ADDRESS		7 × × × × × × × × × × × × × × × × × × ×
TITLE	VP	[- -	1.4 CITY-ST-ZIP		CR2E034
NAME STREET ADORS	MARTINEZ, PABLO G	L DELETE	2.1 TITLE		
STREET ADDRESS CITY-ST-ZIP	5619 LARIMER DR		2.2 NAME		Change Addition
TITLE	TAMPA FL 33615		2.3 STREET ADDRESS		
NAME		DELETE	2.4 CITY-ST-ZIP		
STREET ADDRESS		<u>-</u>	3.2 NAME		Change Addition
CITY-ST-ZIP			3.3 STREET ADDRESS		Change Addition
TITLE			3.4 CITY-ST-ZIP	• •	
NAME		DELETE	4.1 TITLE		
STREET ADDRESS CITY-ST-ZIP			4 2 NAME		Change Addition
TITLE			4.3 STREET ADDRESS		
NAME		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		1
STREET ADDRESS			5.2 NAME		Change Addition
CITY-ST-ZIP	,		5.3 STREET ADDRESS		Change L. Addition
TITLE	Marian Maria		5.4 CITY-ST-ZIP		
NAME	r ar 1 (17 m) and a fine	DELETE	6.1 TITLE		
STREET ADDRESS		1	6.2 NAME		Change Addition
ITY-ST-ZIP		· .	6.3 STREET ADDRESS		
indicated on the	that the information supplied with this	filing does not qualify a	6.4 CITY-ST-ZIP)

4. 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 in Block 12 or Block 13 if changes or on an attachment with an address. <u>IGNATURE REQUIRED</u>