Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

PROFIT CORPORATION ANNUAL REPORT

**1999** :



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P97000039552**1. Corporation Name

Country

9. Name and Address of Current Registered Agent

25

DEADE DEADERON III

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

23

24

Zip

PEACE DEVELOPERS, INC.

Principal Place of Business Mailing Address

8550 WEST FLAGLER ST.

SUITE #116

MIAMI FL 33144

MIAMI FL 33144

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90125 016 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired -

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

05/02/1997 4. FEI Number

65-0745477

RUIZ, ROBERT J 8550 WEST FLAGLER ST. SUITE #116		Name	#	,
		Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33144	83			
MIAMI FE 55344		City	FL 85 Zip Co	de
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authors agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S</li> </ol>	ed by 1	-name he cor	d corneration submits this statement for the purpose of changing its re	egistered stered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registr	red Agent	signatur	a required when reinstating) DATE .	
organization of the state of th	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
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	1.2 NAME			
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14. I hereby certify that the information supplied with this filing does not qualify for the cindicated on this annual report or supplemental annual report is true and accurate a	xemption	n stat	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the info	ormation am an

Country

30

4. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1), 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

ISANALIRE REQUIRED

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/31/99

305-552 7777

Daytime Phone

CR2F034 (11/98