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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90065 017 ***150.00

DOCUMENT # P97000046 0431/

1. Corporation Name	sa itro	 	0431/.	
Principal Place of Busin	ness	Mailing Add		
501 BRICKELL KEY DRIV MIAMI FL 33131		Mailing Address 501 BRICKELL KEY DI MIAMI FL 33131	RIVE #407	
				DO NOT WRITE IN THIS SPACE
				3 Date Incorporated or Qualifed
2 Principal Place - 40				417797.
Principal Place of Business 21		2a. Mailing Address		4. FEI Number Applied For
Suite, Apt. #, etc.		Suita Ant # ata		65 - 0768442 Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & State		City & State		Fee Required
23		28		6. Election Campaign Financing \$5.00 May Be
Zip	Country	Zip	Country	Added to Fees
24	25	29	30	8. This corporation owes the current year Intangible
9. Naп	ne and Address of Curr	ent Registered Agent		Personal Property Tax. Yes No 10. Name and Address of New Registered Agent
VAZOUEZ CO	EDADDO A FOO		81 Name	The word of the wog sterior Agent
VAZQUEZ, GERARDO A ESQ			82 Street Ad	
· 501 BRICKELL KEY DRIVE #407 MIAMI FL 33131			02 Street Ad	dress (P.O. Box Number is Not Acceptable)
MICHIE 1 E 331	1		83	
	$\neg x$		84 City	
44 5			1 1 7	FL 85 Zip Code
office or registered a	risions of Sections 607.05 gent, or both, in the Stat	502 and 607.1508, Florida Sta	tutes, the above-named cor	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
	with and accept the oblic	ations of Section 607,0505	lorida Statutes.	ion's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, type		zoo vazauez 🔾	ecistered f	terent, 21,199
12.		pent and title if applicable. (NO IND DIRECTORS	OTE: Registered Agent signature require	
TITLE		DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME		—	1.2 NAME	earetery Change Addition
STREET ADDRESS			1.3 STREET ADDRESS	eraido A. vazquez
CITY-ST-ZIP			1.4 CITY-ST-ZIP	of Brighall very or SK 407
TITLE		☐ DELETE	21700 F	Change Addition
NAME			22 NAME	1000 to the state of the state
STREET ADDRESS			2 3 STREET ADDRESS 5	DI Bridge Week St. 3te 107
CITY-ST-ZIP			2.4 CITY-ST-ZIP	liami. FL. 33131.
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
STREET ADDRESS		•	4 2 NAME	
			4 3 STREET ADDRESS	
CITY-ST-ZIP		(T) DELETE	4 4 CITY-ST-ZIP	
IAME		☐ OELETE	51 TITLE 52 NAME	☐ Change ☐ Addition
STREET ADDRESS			5 3 STREET ADDRESS	
CITY ST ZIP			5.4 CITY-ST-ZIP	İ
TILE "		☐ DELETE	6.1 TITLE	
AME			62 NAME	☐ Change ☐ Addition
TREET ADDRESS	Λ		- · · · · · ·	
	//		6 3 STREET ADDRESS	ļ
ITY-ST-ZIP	A		64 CITY ET ZID	ection 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual reporter suppliemental 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 efficiency of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 in enauged, or or an attachment with an address, with all other like empowered.

*TURE:

COCIOIDO A VAZQUEZ

5 1 99 (305) 374-1302

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