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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000051601

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90024 017 ***150.00

	S LIMITED CORP.					
	and a	; . ,				
Principal Place of Business	Mailing Address	s ³ ·				
3705 S.W. 91ST COURT #G HAMI FL 33176	13705 S.W. 91ST MIAMI FL 33176	COURT #G		DO NOT WINTE IN	THIS SPACE	in the light
				DO NOT WRITE IN 3. Date Incorporated or Qualifed	THIS SPACE	
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Ode de la Plana de Projecto	a Mailing Add	,		06/06/1997 4. FEI Number	LAD	plied For
Principal Place of Business	2a. Mailing Add	ress		65-0760867		t Applicable
Suite Ant # into	26 Suite, Apt. #	t atc		03-0700007	\$8.75	
Suite, Apt. #, etc.	. 27			5. Certificate of Status Desired	Fee Re	quired
City & State .	City & State	•		6. Election Campaign Financing	\$5.00	•
	28	Count	6 m /	Trust Fund Contribution	Added t	o rees
,	untry Zip	Count	иy	8. This corporation owes the current ye	ear Intangible Yes	[The
25	[29]	30		Personal Property Tax.		□No
9. Name and A	ddress of Current Registered Agent		B1 Name	10. Name and Address of New Regist	ered Agent	,
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2999 N.E. 191ST STR		. 8	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		,1
AVENTURA FL 33180				\$ 100 Property of the control of the	erzida y metelony timo Konggirany i napis webb	* * * * * * * * * * * * * * * * * * *
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		8	84 City	・ 一	85 Zip 0	Code
است داری از احماد تا جودر استوادی					FL	
agent. I am familiar with, and	accept the obligations of, Section 607.	.0505, Fiorida Statute	es.	oration submits this statement for the purpo on's board of directors. I hereby accept the		gistered
agent. I am familiar with, and IGNATURE Signature, typed or printed 2.	name of registered agent and title if applicable. OFFICERS AND DIRECTORS	(NOTE: Registered Ag	es. gent signature required	d when reinstating) DA ADDITIONS/CHANGES TO OFFICE	TE RS AND DIRECTO	PRS IN 12
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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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE