PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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05-06-1999 90233 007 ***150.00

Principal Place of Business 121 S.E. 1ST ST STE 717 MIAMI FL 33131	Mailing Address 121 S.E. 1ST ST STE 717 MBAMI FL 33131		DO NOT WRI 3. Date incorporated or Qualifed 06/12/1997	TE IN THIS SPACE	
2. Principal Place of Business	2a. Mailing Address	w 99 Ln	4. FEI Number		Applied For Not Applicable
21 //8 31 5W 99 AM Suite, Apt. #, etc.	26 //8 9 / 5 L	0 9-7 211	65-0760104 5. Certificate of Status Desired		5 Additional
22 City & State	City & State		Election Campaign Financing		Required Nay Be
23 HIAMI FL	28 MIAMI		Trust Fund Contribution	Add	led to Fees
Zip 33186 25 U.S.A	Zip 33186	Country 30 USA	 g. This corporation owes the curr Personal Property Tax. 	ent year Intangible	□No
9. Name and Address of Currer		81 Name	10. Name and Address of New F	Registered Agent	
CHIARELLO, ANTONIO -121-S.E. 1ST ST. -STE-717MIANI FL-33131-		83	ress (P.O. Box Number is Not Accepted 99 A.C.	7	Zip Code
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblige.	02 and 607.1508, Florida Statute of Florida. Such change was au ations of, Section 607.0505, Florid	s, the above-named corporate thorized by the corporate da Statutes.	poration submits this statement for the on's board of directors. I hereby accept	purpose of changing of the appointment a	g its registered s registered
SIGNATURE Signature, typed or printed name of registered age	int and title if applicable. (NOTE: F	Registered Agent signature require	d when reinstating)	DATE	
12. OFFICERS AN TITLE D NAME CHIARELLO, ANTONIO R STREET ADDRESS 421 3.5. 137 9T		13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	d when (emissing) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTOR	CTORS IN 12
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TITLE D CHARFELLO, ANTONIO R STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	INC and title if inprincipitie. (NOTE F ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	d when (emissing) ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORY SECTION JAN JAN JAN JAN JAN JAN JAN J	CTORS IN 12 nge Addition
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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 informatic indicated on this annual report or supplemental angual 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 comporation or the receiver by trustee empowered to execute this report as required by Chapter 507. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or op an attachment with an address, with all other like empowered.

RINZED HAME OF SIGNING OFFICER OR DIRECTOR

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SIGNATURE:

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