## 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

## DOCUMENT # P97000052480

1. Corporation Name

incipal Place of Business	Mailing Address				
964 N.E. 62ND STREET FORT LAUDERDALE FL 33334	964 N.E. 62ND STREET FORT LAUDERDALE FL 33334				
	2a. Mailing Address				
<del>-</del>	2a. Mailing Address 26 Suite, Apt. #, etc.				
21	26				

**FILED** Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90051 015 \*\*\*150.00



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964 n.e. 62nd street Fort Lauderdale FL 33334	•••	964 N.E. 62ND STREET FORT LAUDERDALE FL 33334			DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed 06/12/1997					
2. Principal Place of Business	2a. Mailing Addre	ess			4. FEI Number Applie	d For				
7	26				65-0759083 Not A	plicable				
Suite, Apt. #, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired  5. Certificate of Status Desired Fee Requi					
City & State	City & State		_		6. Election Campaign Financing S5.00 Ma	v Be				
3	28				Trust Fund Contribution Added to F	-				
Zip Country	Zip	Zip Count			8. This corporation owes the current year intangible Personal Property Tax.	No				
9. Name and Address of Cu					10. Name and Address of New Registered Agent					
	<u> </u>		81	Name						
ABELLO, PAOLA 3301 N.E. 37TH STREET		82	Street Addre	et Address (P.O. Box Number is Not Acceptable)						
FORT LAUDERDALE FL 33308			83							
			84	City	FL 85 Zip Cod	e				
11. Pursuant to the provisions of Sections 607.	.0502 and 607.1508, Florid	da Statutes, the a	bove	-named corpo	pration submits this statement for the purpose of changing its reg	istered ered				

office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12.

								C 01	
TITLE	PTD	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	ABELLO, PAOLA		1.2 NAME			27.16	-	1	
STREET ADDRESS	3301 NE 27TH ST		1.3)STREET ADDRESS	3301	N.E.	37 Tr	stree	·T	i
ÇITY-ST-ZIP	FT. LAUDERDALE FL 33308		1.4 CITY-ST-ZIP	-			_		
TITLE	DVP	☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME	ABELLO, MARCELINO		2.2 NAME			•			
STREET ADDRESS	3301 NE 37TH ST		2.3 STREET ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		2.4 CITY-ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			3 3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP					<del></del> -	
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE		*			. Change	Addition )
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAMÉ						
STREET ADDRESS			6.3 STREET ADDRESS						
0.7.07.70			6.4 CITY-ST-ZIP						

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: