PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000052637

LOFE CORPORATION

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Principal Place of Business	Mailing Address		- \$ (TDE)(TDE) (TD 2002) 1891 88111 60019 60111 891	år dired erdræ åledå seem endt næge	
ALIANG OW AGEN STREET	-11320 SW-40TH STREET				
MIAMI-FL 33165	MIAMI FL 33165				
1800 W. FlAGLER ST	1800 W. FlA	cler st	DO NOT WRITE IN TH	S SPACE	ŧ
MiAMI, F1, 33135	MIAMI FI		3. Date incorporated or Qualifed		ĺ
		33144	06/13/1997	1	1
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		65-0762595	Not Applicable	1
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	27				
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	ì
23	28	Country			l
Zip Country	Zip		 This corporation owes the current year for Personal Property Tax. 	Yes 🖾 No	
24 25		30	10. Name and Address of New Registere		l
9. Name and Address of Current	L Kedistalen Whent	81 Name	10. Harris and roughout a real real		l
FERNANDEZ JORGE L	W. Flaght	7.12			1
11320 SW 40TH STREET /800	, W. F/a g/1-	- 82 Street Addr	ress (P.O. Box Number is Not Acceptable)		ĺ
MIAMI P. 33 165 21 14	141, Fl. 3313	عر ا			ĺ
INDENTITE 35 100	11,11,11	0 83			1
		84 City	F	85 Zip Code	l
	·				1
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate.	2 and 607.1508, Florida Statute of Florida. Such change was at tions of, Section 607.0505, Flor	es, the above-named corporation of the corporation	oration submits this statement for the purpose to on's board of directors. I hereby accept the app	ointment as registered	
SIGNATURE X Signature, typed or printed name of registered agent	Wares		/ - / - /	<u>/</u>	i _
		Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	NID DIDECTORS IN 12	8
12. OFFICERS AN	D DIRECTORS [** DELETE	13.	ORESI dus +	Change Addition	CR2E034.(11/98)
TIME PD	/ VELETE	1 2	- ME E - TOUR DA NEISLAND	ا تاسا	1
NAME FERNANDEZ JORGE L	D/Je	1.2 NAME	800 W F/agle- 54		8
STREET ADDRESS 11320 SW 40TH STREET	Delle.	1.3 STREET ADDRESS	BOOW FATT	2	l H
CITY-ST-ZIP MIAMY FL 33165	De/e de Delete Delete Delete		41AN1 F/ 331:	Change	8
TITLE VO	A A LE DELETE	2.1 TITLE			, Ť.
NAME LOZADA, ERNESTO C	n. Delle	2.2 NAME		·	l
STREET ADDRESS 4687 BRADY DANE		2.3 STREET ADDRESS			1
CITY-ST-ZIP PALM BEACH FL 33418	<u></u>	2.4 CITY-ST-ZIP		Change C \$443kg	i
TITLE	☐ DELETE	3.1 TITLE	المتحادث المتحادث المتحادث المتحادث	☐ Change ☐ Addition	
NAME	ریت واریکندید از بدر این . <u>حدارین کا بخنیات در اورین</u>	3.2 NAME			
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	3.3 STREET ADDRESS			'
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	i
NAME		4, 2 NAME			i
STREET ADDRESS		4.3 STREET ADDRESS	•		ì
CITY-ST-ZP		4.4 CITY-ST-ZIP			i
TITLE	☐ OELETE	5.1 TITLE		☐ Change ☐ Addition	i
NAME		5.2 NAME		{	1
STREET ADDRESS		5.3 STREET ADDRESS	·		
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	8.1 TITLE		☐ Change ☐ Addition	i i

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.

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZP

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90180 043 ***150.00