COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # Corporation Name P97000060107

FILED Sep 13, 1999 8:00 am Secretary of State

09-13-1999 90006 035 ***550.00



3RIGHTERS DAYS INC., A.L.F.											
J, I, G,											
		Mailine Addrona				-					
ncipal Place of Business Mailing Address											
) SW 107TH AVE 4010 SW 107TH AVE WI FL 33165 MIAMI FL 33165						\					
						DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified					
						07/10/1997					-
Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied Fo					
		26				65-0835960 Not Appl					1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		*	Require		
Oh. 9 Photo		City & State	City & State			6. Election Campaign Financing		\$5.0	0 May	Re .	1
City & State		28			,			Added to Fees			
	Country	Zip	Cou	untry		8. This corporation owes the curr	ent year				1
-10	25	29	30	•		Intangible Personal Property.] Yes	No		
	9. Name and Address of Curr					10. Name and Address of New F	Registered A	gent			-
	· · · · · · · · · · · · · · · · · · ·			81 Name	е						ì
MARTINEZ, MARGARITA G				82 Stree	t Addre	ss (P.O. Box Number is Not Accepta	able)				1
	90 SW 27 ST]
MIA	VII FL 33165			83							
				84 City				85 Z	ip Code		1
				1 1			<u>FL</u>	<u>.l.l.</u>			1
Pursuan	t to the provisions of sections 607.0	502 and 607.1508, Florida Statu	ites, the at	oove-named	corpor	ation submits this statement for the pin's board of directors. I hereby acce	urpose of cha of the appoin	anging its tment as	register	red red	
agent. I	am familiar with, and accept the ob	ligations of, section 607.0505, I	Florida Sta	tutes.	porano				-		ļ
NATURE							DATE			_	١.
	Signature, typed or printed name of registered	AND DIRECTORS	(NOTE: Registi	ered Agent signa	ture requ	red when reinstating) ADDITIONS/CHANGES TO OF		DIREC	TORS I	N 12	18
	D	DELETE	1.1 Ti	TLE	Т	, 100 / 10 / 10 / 10 / 10 / 10 / 10 / 10		Chang	-	Addition	إ
	MARTINEZ, MARGARITA G			1.2 NAME			_	- J			3
ET ADDRESS	10390 SW 27 ST			1.3 STREET ADDRESS							إ
ST-ZIP	MIAMI FL 33165			1.4 CITY-ST-ZIP] }
31-27		DELETE	_	2.1 TITLE				Chang	е 🔲	Addition	Ι`
			2.2 N	2.2 NAME				<u> </u>			- -
ET ADDRESS			2.3 \$	TREET ADORES!	s						
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	j		4.2 N		1						1
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ETADDRESS	İ			TREET ADDRES	⁸						
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				TREET ADDRES							
:T ADDRESS				TY-ST-7IP	<u> </u>						

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 ndicated 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 n Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE: