## 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 # P97000065634

1. Corporation Name

## **FILED** Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90009 009 \*\*\*150.00

Principal Place 19390 COLLINS SUITE 1214A NORTH MIAMI (		Mailing Address 19990 COLLINS AVENUE SUITE 1214A NORTH MIAMI BEACH FL 3	33160			DO NOT V 3., Date Incorporated or Quali 07/30/1997 4. FEI Number 65-0771028	VRITE IN THIS	S SPACE	pplied For	1 1000
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					,	\$8.75.	Additional	
22		27				5. Certificate of Status Desired		Fee R	equired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the	current year in	tangible III Yes	□No	
24	9. Name and Address of Current		30	r e		Personal Property Tax.  10. Name and Address of Ne	w Registered			
	9. Name and Address of Current	r Registered Agent		81	Name		W Itegisteres	- Hyou		
PINT	O, FABIO									
	00 COLLINS AVENUE			82 3	Street Addre	ess (P.O. Box Number is Not Acc	eptable)			
SUIT	TE 1214A			83		1 1 1 1 3 6 3 6	1144		6 11 14 15	
NOR	RTH MIAMI BEACH FL 33160				0.1	1. 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	31.040 33.0	100 750	Code	
	/				City		FL	_   -   '		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with and accept the obliget	2 and 607.1508, Florida Statute of Florida. Such change was at	uthorized	bove-n	e corporation	n's board of directors. I hereby a	ccept the appo	intment as re	egistered	
SIGNATURE	Signature, typed or printed name of registered agent					when reinstating)	0//22/9 DATE	79		á
SIGNATURE	Signature, typed or printed name of registered agent						0//22/9 DATE	ND DIRECTO	ORS IN 12	100
SIGNATURE	Signature, typed or printed name of registated agent OFFICERS ANI	t and title if applicable. (NOTE:	Registered	Agentsi		when reinstating)	0//22/9 DATE			(00) 777
SIGNATURE	Signature, typed or printed name of registured agent OFFICERS AND PINTO, FABIO	tl and title if applicable. (NOTE:  D DIRECTORS  DELETE	13. 1.1 TF	Agent si	ignature required	when reinstating)	0//22/9 DATE	ND DIRECTO	ORS IN 12	1001/14/100
SIGNATURE  12.  TITLE	Signature, typed or printed name of registured agent OFFICERS AND PINTO, FABIO 19390 COLLINS AVE, STE 1214	t and title if applicable. (NOTE:  D DIRECTORS  DELETE	13. 1.1 TO 1.2 NA 1.3 ST	TLE AME	ignature required	when reinstating)	0//22/9 DATE	ND DIRECTO	ORS IN 12	(00) (44) (00)
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #