## 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 # P9700065974

| UPREI IN                                  | HERNATIONAL, C                                                                       | ONFORKTION                                                       |                                                               |                                                    |                          |                                |                                                                                 |          |  |  |  |
|-------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------|--------------------------|--------------------------------|---------------------------------------------------------------------------------|----------|--|--|--|
| Principal Place of                        | of Business                                                                          | M                                                                | ailing Address                                                |                                                    |                          |                                | 1 184314411 110 18111 18811 48111                                               | ٠        |  |  |  |
| 1925 LIBERTY AV                           | ENUE                                                                                 |                                                                  | 25 LIBERTY AVENU                                              |                                                    |                          |                                |                                                                                 |          |  |  |  |
| MIAMI BEACH FL                            | 33139                                                                                | MI.                                                              | ami Beach Fl. 331                                             | 39                                                 |                          |                                | DO NOT WI                                                                       | 2        |  |  |  |
|                                           |                                                                                      |                                                                  |                                                               |                                                    |                          |                                | 3. Date Incorporated or Qualife                                                 | -        |  |  |  |
|                                           |                                                                                      |                                                                  |                                                               |                                                    |                          |                                | 07/30/1997                                                                      |          |  |  |  |
| 2. Principal Plac                         | e of Business                                                                        | 2a.                                                              | Mailing Address                                               |                                                    |                          |                                | 4. FEI Number                                                                   |          |  |  |  |
| 21                                        |                                                                                      | 26                                                               |                                                               |                                                    |                          |                                | 65-0781767                                                                      |          |  |  |  |
| Suite, Apt. #,                            | etc.                                                                                 |                                                                  | Suite, Apt. #, etc                                            |                                                    |                          |                                | 5. Certifcate of Status Desired                                                 |          |  |  |  |
| 22                                        |                                                                                      | 27                                                               |                                                               |                                                    |                          |                                |                                                                                 |          |  |  |  |
| City & State                              | · ——— —                                                                              |                                                                  | City & State                                                  |                                                    |                          |                                | 6. Election Campaign Financing                                                  | g        |  |  |  |
| 23                                        |                                                                                      | 28                                                               | <u> </u>                                                      |                                                    |                          |                                | Trust Fund Contribution                                                         | _        |  |  |  |
| Zip                                       | Country                                                                              |                                                                  | Zip                                                           |                                                    | untry                    |                                | 8. This corporation owes the cu                                                 | ı        |  |  |  |
| 24                                        | 25                                                                                   | 29                                                               |                                                               | 30                                                 |                          |                                | Personal Property Tax.                                                          | _        |  |  |  |
|                                           | 9. Name and Address                                                                  | of Current Regis                                                 | tered Agent                                                   |                                                    | 81                       | Name                           | 10. Name and Address of New                                                     | _        |  |  |  |
| _MONT                                     | ANEZ LUIS SE                                                                         | RO10 G                                                           | ALLINI                                                        |                                                    | B1                       | Name                           |                                                                                 |          |  |  |  |
| 1056 [                                    | EUCLID AVENUE #1                                                                     | 9056                                                             | GARLAN                                                        | ID AVE                                             | 82                       | Street Addr                    | ess (P.O. Box Number is Not Acce                                                | ē        |  |  |  |
| MIAMI                                     | BEACH FL 33139                                                                       | SURTS                                                            | IDE, FL.                                                      | 33/54                                              | 83                       |                                |                                                                                 | _        |  |  |  |
|                                           | $\Omega$                                                                             |                                                                  |                                                               |                                                    | 84                       | City                           |                                                                                 | _        |  |  |  |
| 11. Pursuant to office or reg agent, I am | the provisions of Section<br>istered adept, or both, in<br>familiar with, and accept | ns 607.0502 and 6<br>n the State of Florid<br>the obligations of | 07.1508, Florida S<br>da. Such change v<br>, Section 607.0505 | tatutes, the a<br>vas authorized<br>i, Florida Sta | above<br>ed by<br>tutes. | -named corp<br>the corporation | oration submits this statement for the<br>on's board of directors. I hereby acc | )4<br>;6 |  |  |  |

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| 2. Principal P       | ace of Business                                                                        | 2a. Mailing Address                                                   |                           |                                                          | 4. FEI Number                                  | Арг                     | lied For   |  |  |  |
|----------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------|----------------------------------------------------------|------------------------------------------------|-------------------------|------------|--|--|--|
| 1                    |                                                                                        | 26                                                                    |                           |                                                          | 65-0781767                                     | Not                     | Applicable |  |  |  |
| Suite, Apt.          | #, etc.                                                                                | Suite, Apt. #, etc.                                                   |                           |                                                          | 5. Certifcate of Status Desired                | \$8.75 A                |            |  |  |  |
| 2                    |                                                                                        | 27                                                                    |                           |                                                          | 5. Certificate of Status Desired               | Fee Rec                 | quired     |  |  |  |
| City & Stat          | e                                                                                      | City & State                                                          |                           |                                                          | 6. Election Campaign Financing                 | ·- \$5.00°              | May Be     |  |  |  |
| :3                   |                                                                                        | 28                                                                    |                           |                                                          | Trust Fund Contribution                        | Added to                | Fees       |  |  |  |
| Zip                  | Country                                                                                | Zip                                                                   | Country                   |                                                          | 8. This corporation owes the current y         |                         | _          |  |  |  |
| 4                    | 25                                                                                     | 29 30                                                                 |                           |                                                          | Personal Property Tax.                         |                         | □No        |  |  |  |
|                      | 9. Name and Address of Current                                                         | Registered Agent                                                      |                           |                                                          | 10. Name and Address of New Regis              | tered Agent             |            |  |  |  |
|                      | ITANEZ; LUIS SERGIO                                                                    | CALLIXII                                                              | 81                        | Name                                                     |                                                |                         |            |  |  |  |
| -MUI                 | TANEZ, LUIS                                                                            | 0                                                                     | 1/1-82                    | 77-82 Street Address (P.O. Box Number is Not Acceptable) |                                                |                         |            |  |  |  |
| 1056                 | E EUCLID AVENUE #1 905                                                                 | 6 GARLAND A                                                           | ve.                       | /E                                                       |                                                |                         |            |  |  |  |
| MIAI                 | MI BEACH FL 33139 SUP                                                                  | FSIDE, FL331                                                          | 54 83                     |                                                          |                                                |                         |            |  |  |  |
|                      | _                                                                                      | , 2, 20, , 2001                                                       | 84                        | City                                                     |                                                | 85 Zip C                | ode        |  |  |  |
|                      |                                                                                        |                                                                       |                           |                                                          |                                                | FL   A                  |            |  |  |  |
| 11. Pursuant         | to the provisions of Sections 607.0502                                                 | and 607.1508, Florida Statutes,                                       | the above                 | -named corp                                              | oration submits this statement for the purp    | ose of changing its     | registered |  |  |  |
| office or r          | egistered agent, op both, in the State o<br>m familiar with, and accept the obligation | r Florida. Such change was autho<br>5hs of, Section 607.0505. Florida | orized by to<br>Statutes. | tne corporatio                                           | n's board of directors. I hereby accept the    | арропшвен аѕ гед        | natered .  |  |  |  |
|                      | 1146                                                                                   |                                                                       |                           |                                                          |                                                |                         |            |  |  |  |
| SIGNATURE            | Signatura, pred or printed name of registered agent                                    | and title if applicable. (NOTE: Reg                                   | istered Agent             | t signature required                                     | 3,                                             | ATE                     |            |  |  |  |
| 12.                  | OFFICERS AND                                                                           | DIRECTORS                                                             | 13.                       |                                                          | ADDITIONS/CHANGES TO OFFICE                    |                         |            |  |  |  |
| TITLE                | D                                                                                      | ☐ DELETE                                                              | 1,1 TITLE                 |                                                          |                                                | Change                  | ☐ Addition |  |  |  |
| NAME                 | MONTANEZ, LUIS                                                                         |                                                                       | 1.2 NAME                  |                                                          |                                                |                         |            |  |  |  |
| STREET ADDRESS       | 1056 EUCLID AVENUE #1                                                                  |                                                                       | 1.3 STREET                | ADDRESS                                                  |                                                |                         |            |  |  |  |
| City-St-ZIP          | MIAMI BEACH FL 33139                                                                   |                                                                       | 1.4 CITY-ST               | -ZIP                                                     |                                                |                         |            |  |  |  |
| TITLE                | AF P/5                                                                                 | ☐ DELETE                                                              | 2.1 TITLE                 |                                                          |                                                | ☐ Change                | ☐ Addition |  |  |  |
| NAME                 | GALLINI, SERGIO ROBERTO                                                                |                                                                       | AZ NAME                   | AVE                                                      |                                                |                         |            |  |  |  |
| STREET ADDRESS       | GALLINI, SERGIO ROBERTO  105 NORTH SHORE DRIVE #9                                      | 9056 GAILLA                                                           | 23 STREET                 | ABBREGS .                                                | 1                                              |                         |            |  |  |  |
| CITY-ST-ZIP-         | MIAMI REACH EL 33141                                                                   | SURFSIDE A                                                            | GACITY'S                  | <i>Σ</i> / Ψ                                             | <u> </u>                                       |                         |            |  |  |  |
| TITLE                | 105 NORTH SHORE DRIVE #9 -MIAMI BEACH FL 33141                                         | C. 14-2 O DELETE                                                      | 2.1 TITLE /               | ,                                                        |                                                | ☐ Change                | ☐ Addition |  |  |  |
| NAME                 | DIMMM M. KUUKI                                                                         | MUEL PE GALL                                                          | 32 NAME                   | /                                                        |                                                |                         |            |  |  |  |
| STREET ADDRESS       | 1925 LIBEILT                                                                           | gve                                                                   | 3.3 STREET                | ADDRESS                                                  |                                                |                         |            |  |  |  |
|                      | MIAMI BEACH,                                                                           | AL 33/39                                                              | 3.4. CITY-S               |                                                          |                                                |                         |            |  |  |  |
| CITY-ST-ZIP<br>TITLE | 111-11111 1- 0-7-77                                                                    | ☐ DELETE                                                              | 4.1 TITLE                 |                                                          |                                                | ☐ Change                | Addition   |  |  |  |
| NAME                 |                                                                                        | _                                                                     | 4, 2 NAME                 |                                                          |                                                |                         |            |  |  |  |
| STREET ADDRESS       |                                                                                        |                                                                       | 43 STREET                 | ADDRESS                                                  |                                                |                         |            |  |  |  |
|                      |                                                                                        |                                                                       | 4.4 CITY-ST               |                                                          |                                                |                         |            |  |  |  |
| CITY-ST-ZIP<br>TITLE |                                                                                        | ☐ DELETE                                                              | 5.1 TITLE                 | - 417                                                    |                                                | Change                  | ☐ Addition |  |  |  |
|                      |                                                                                        |                                                                       | 5.2 NAME                  |                                                          |                                                |                         | _          |  |  |  |
| NAME                 |                                                                                        |                                                                       | 5.3 STREET                | ADDRESS                                                  |                                                |                         |            |  |  |  |
| STREET ADORESS       |                                                                                        |                                                                       | 5.4 CITY-ST               | •                                                        |                                                |                         |            |  |  |  |
| CITY-ST-ZIP          |                                                                                        | ☐ DELETE                                                              | 6.1 TITLE                 | -417                                                     |                                                | Change                  | Addition   |  |  |  |
| TITLE                |                                                                                        | □ vece1¢                                                              | 6.2 NAME                  |                                                          |                                                |                         |            |  |  |  |
| NAME                 |                                                                                        |                                                                       |                           | ADDOCEC                                                  |                                                |                         |            |  |  |  |
| STREET ADORESS       |                                                                                        |                                                                       | 6.3 STREET                |                                                          |                                                |                         |            |  |  |  |
| CITY-ST-ZIP          |                                                                                        | ni en la                          | 6.4 CITY-ST               |                                                          | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -        | har andifi, that the in | formation  |  |  |  |
| 14. I hereby         | certify that the information supplied with                                             | this filing does not qualify for the                                  | e exempti                 | on stated in S                                           | Section 119.07(3)(i), Florida Statutes. I furt | ner centify that the in | normation  |  |  |  |

I peport 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in changed, or on an attachment with an address, with all other like empowered. officer or director of the Block 12 or Block 13 ju

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR