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 # P9700068070

M&I ADMINISTRATIVE SERVICES, INC.

Principal Flace	OI DUSINESS
333 LAFAYETTE	DRIVE
MIAMI SPRINGS	FI 33166

Mailing Address

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90070 014 ***150.00



DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 08/06/1997	Арі	plied For
08/06/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 65-0780613 Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State 6. Election Campaign Financing	\$8.75 A	
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22 City & State Ci		
Z31 Z41	\$5.00 Added to	
Zip Country Zip Country 8. This corporation owes the current year	Intangible	
24 25 29 30 Personal Property Tax.	☐ Yes	□No
Name and Address of Current Registered Agent 10. Name and Address of New Registered	ed Agent	
81 Name		
BARRERA, MELBA S 82 Street Address (P.O. Box Number is Not Acceptable)		 -
333 LAFAYETTE DRIVE		
MIAMI SPRINGS FL 33166		
84 City	EL 85 Zip C	Code
11 Durantil to the provincions of Sections 607 05002 and 607 1508. Florida Statutes, the above named comporation submits this statement for the number	of changing its	registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appagent. Applications of the purpose of familiar with and accept the obligations of, Section 607.0505, Florida Statutes.	pointment as req	gistered
agent. and familiar With and accept the obligations of, Section 607.0505, Florida Statutes.	/1000]
SIGNATURE Slobburg, noed or unified name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	71999	f
Signature, typed or printed name of registered agent and title if applicable. 1 (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE PD DELETE 1.1 TITLE	☐ Change	Addition
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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 torporation 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. Of pn an attachment with an address, with all other like empowered.

MELBA BARRERA S. SIGNATURE: