Mar 09, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000068729

1. Corporation Name

| DIVIC GE | ENERAL CO | JKP. | | | | | | | | |
|--|--|---|---------------------|----------------------|---|--|---|---|-----------------------------------|----------------------------|
| Principal Place | e of Business | | Maili | ng Address | | | | 1 (00(184) (10)0)() (60() 80() 00()(04() 60() | M MYTMI YMBIT YMMIY | 1 11610 1311 1001 |
| 1600 SW 99TH CT. 1600 SW 99TH CT. | | | | | | | | | | |
| MIAMI FL 33165 MIAMI FL 33165 | | | | | | | | DO NOT WRITE IN THE | C CDACE | |
| | | | | | | | | DO NOT WRITE IN THI 3. Date Incorporated or Qualifed | S SPACE | |
| | | | | | | | | 08/07/1997 | | ļ |
| 0 Disciple 6 | V | | 2a. Mailing Address | | | | | 4. FEI Number | Δr | plied For |
| 2. Principal Pl | race of Busine | 855 | ⊢ | 2a. Mailing Address | | | | 65-0774828 | | t Applicable |
| Suite, Apt. | # etc | | | Suite, Apt. #, etc. | | | | | \$8.75 | |
| 22 | π, Oιο. | | ⊢ | 27 | | | | 5. Certifcate of Status Desired | - Fee Re | |
| City & State | te | | | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | | 28 | | | | | Trust Fund Contribution | | to Fees |
| Zip | | Country | Ż | ip | Cou | ntry | | 8. This corporation owes the current year for | ntangible | |
| 24 | 2 | 25 | 29 | | 30 | | | Personal Property Tax. | ☐ Yes | □No |
| | 9. Name a | ind Address of Curre | ent Registe | red Agent | | Ε, | - | 10. Name and Address of New Registered | d Agent | |
| | | AFR. 80E AALEALI | NZ | | | 81 | Name | | | |
| | | SERVICE COMPAN | Υ | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | | |
| | 1 HAYS STR | | | | | | | | | |
| IALI | LAHASSEE F | FL 32301-2525 | | | | 83 | | | | |
| | | | | | | 84 | City | | . 85 Zip | Code |
| | | | | | | | _ | F | | |
| office or r | renistered and | ons of Sections 607.05 nt, or both, in the Stat n, and accept the oblig | e of Florida | Such change was | authorized | i hv i | the corporal | rporation submits this statement for the purpose of tion's board of directors. I hereby accept the app | of changing its ointment as re | gistered |
| SIGNATURE | | | | | | | | | | |
| | | | | | | | t signature requi | red when reinstating) DATE | | |
| | Signature, typed or | r printed name of registered ag | | | | Agent | | | ND DIDEOTO | DC IN 42 |
| 12. | | or printed name of registered as OFFICERS A | | TORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS A | | |
| 12. TITLE | P | OFFICERS A | | | 13. | TLE | | | ND DIRECTO | DRS IN 12 |
| 12. TITLE NAME | P CABALLEF | OFFICERS A | | TORS | 13. 1.1 TF 1.2 N/ | TLE | | | | |
| 12. TITLE | P CABALLEF 1600 SW S | OFFICERS A RO, BARBARA 99TH CT | | TORS | 13. 1.1 TO 1.2 N/ 1.3 ST | TLE ME REET | ADDRESS | | | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CABALLEF | OFFICERS A RO, BARBARA 99TH CT | | TORS DELETE | 13. 1.1 TO 1.2 NV 1.3 ST 1.4 CO | TLE ME TREET TY-ST | ADDRESS | | ☐ Change | Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | P CABALLEF 1600 SW S | OFFICERS A RO, BARBARA 99TH CT | | TORS | 13. 1.1 TC 1.2 NV 1.3 ST 1.4 CC 2.1 TC | TLE WAE TREET TY-ST | ADDRESS | | | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | P CABALLEF 1600 SW 9 MIAMI FL | OFFICERS A RO, BARBARA 99TH CT | | TORS DELETE | 13. 1.1 TF 1.2 NV 1.3 ST 1.4 CF 2.1 TF 2.2 NV | TLE TREET TY-ST TLE AME | ADDRESS 1-ZIP | | ☐ Change | Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | P CABALLEF 1600 SW 9 MIAMI FL | OFFICERS A RO, BARBARA 99TH CT | | TORS DELETE | 13. 1.1 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV | TLE TREET TY-ST TLE AME | ADDRESS | | ☐ Change | Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CABALLEF 1600 SW 9 MIAMI FL | OFFICERS A RO, BARBARA 99TH CT | | TORS DELETE DELETE | 13. 1.1 TI 1.2 N 1.3 S1 1.4 CI 2.1 TI 2.2 N 2.3 S1 2.4 C | TLE TREET TY-ST TLE AME TREET | ADDRESS | | ☐ 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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR