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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700078139

FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90078 012 ***150.00

Principal Place of	A DEVELOPMENT COMP						
8065 SOUTHWEST 107TH AVENUE #323 8065 SOUTHWEST 107TH AVENU MIAMI FL 33173 MIAMI FL 33173				23	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 09/08/1997		,
Principal Place of Business 2a. Mailing Address					4. FEI Number		Nied For
21		26	_		03-0568831	\$8.75 A	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22					5. Certificate of Status Desired	Fee Rec	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to	- 1
23 Zip	Zip Country Zip		Country		8. This corporation owes the current year Intangible		
24	25 29		30	.	Personal Property Tax. Yes No 10. Name and Address of New Registered Agent		LINO
	9. Name and Address of Curre	ent Registered Agent	8	1 Name	IO. Italia dila para di		
	R, BROOKS C. ESQ.		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
200 SOUTH BISCAYNE BLVD SUITE 3150 MIAMI FL 33131			8	3		7.	1.5 33 88.1
			8	4 City	- 12 43 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip C	ode
New York					poration submits this statement for the purpose ion's board of directors. I hereby accept the app	L include its	ragistared
agent, I am SIGNATURE 12.	familiar with, and accept the oblig Signature, typed or printed name of registered as	gent and title if applicable. (NOT	Orida Ototo	es. gent signature require	· .		· -
	DD		13. ·	-	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
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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 informatio indicated on this annual report or supplier that 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

R2E034 (11/98