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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000080237**1. Corporation Name

Principal Place of Business	Mailing Address	
13921 SW 106 ST.	13921 SW 106 ST.	
MIAMI FI 33186	MIAMI FL 33186	

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90030 011 ***150.00

M CUBE	ED CORPORATION								
Principal Plac	e of Business	Mailing Address				1 1881(89) (10 1614 580)) POLEC OBEN 4014 0014			JI 1001
13921 SW 106 ST. 13921 SW 106 ST.									
MIAMI FL 33186 MIAMI FL 33186		DO NOT WRITE IN THIS SPACE							
						3. Date Incorporated or Qualifed	o orace		
ı						09/16/1997	•		
2 Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Applied F	or
21		26		65-0788547		Not Appli			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Addition			
22		27			•	5. Certificate of Status Desired	5. Certificate of Status Desired		
City & Stat	te	City & State	City & State		~	6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		ded to Fees	<u></u>
Zip	Country	Zip	$\overline{}$	entry		8. This corporation owes the current year la	ntangible 12 Yes	□No	j
24	25 9. Name and Address of Curre	nt Pogletered Agent	30	Π-		Personal Property Tax. 10. Name and Address of New Registered			
	3, Mailie and Mudless of Culte	in nogiatorea agent		81	Name	in and a second	<u> </u>		
	B, KEVIN L				Discot Add-	one (D.O. Doy Number in Not Assentable)			
	1 PONCE DE LEON BLVD., STE.	202		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
COR	RAL GABLES FL 33134			83			J 44		1.3
					014		85	Zip Code	1 1985 O 184
				84	City	· F l		Zip Code	
11. Pursuant office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig.	of Florida, Such change was a ations of, Section 607.0505, Flo	uthorized orida Stat	d by tutes.	the corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appropriate the purpose of the	ointment a	s registere	d
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	Agen	it signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN	12
TITLE	DP	☐ DELETE	1.1 TI	TLE		(2) N. P. 1975	☐ Cha		Addition
NAME	MUIR, WILLIAM D		1.2 N	AME		•			
STREET ADDRESS	10004 AUL 100 AT		1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33186	-	1.4 CI	ITY-ST	T- ZIP				
TITLE	DV	☐ DELETE	2.1 TI	TLE			Cha	nge 🔲 /	Addition
NAME	MUIR-VENERIO, ALINA		2.2 N	AME			L.,		ļ
STREET ADDRESS	8184 SW 163 CT.		2.3 \$1	TREET	ADDRESS		بي		Ì
CITY-ST-ZIP	MIAMI FL 33193						<u></u>		
TITLE	DS		2.40	ITY-S	T-ZIP	,			
NAME	Martinez, Humberto Jr.	☐ DELETE	2. 4 C		T-ZIP		Cha	nge []/	Addition
STREET ADDRESS		☐ DELETE	3.1 Tĭ 3.2 N/	TLE AME				nge []/	Addition
CITY-ST-ZIP	7130 SW 43 ST.	☐ DELETE	3.1 Tr 3.2 N 3.3 St	TLE AME TREET	ADDRESS			nge 🔲 r	Addition
TITLE			3.1 Ti 3.2 No 3.3 ST 3.4. C	TLE AME TREET CITY-S	ADDRESS		Cha		
	7130 SW 43 ST.	☐ DELETE	3.1 Tf 3.2 N/ 3.3 ST 3.4. C 4.1 Tf	TLE AME TREET CITY-S TTLE	ADDRESS				Addition Addition
NAME	7130 SW 43 ST. MIAMI FL 33155		3.1 TI 3.2 NJ 3.3 ST 3.4. C 4.1 TI 4. 2 N	TLE AME TREET SITY-S TLE IAME	TADDRESS IT-ZIP		Cha		
NAME STREET ADDRESS	7130 SW 43 ST. MIAMI FL 33155		3.1 Ti 3.2 No 3.3 Si 3.4 C 4.1 Ti 4.2 No 4.3 Si	TLE AME TREET CITY-S TLE LAME TREET	T ADDRESS IT-ZIP		Cha		
NAME STREET ADDRESS CITY-ST-ZIP	7130 SW 43 ST. MIAMI FL 33155	☐ DELETE	3.1 TI 3.2 N 3.3 ST 3.4. C 4.1 TI 4. 2 N 4.3 ST 4.4 CI	TLE AME TREET SITY-S TLE JAME TREET	T ADDRESS IT-ZIP		Cha	inge`	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	7130 SW 43 ST. MIAMI FL 33155		3.1 Ti 3.2 No 3.3 Si 3.4 C 4.1 Ti 4.2 No 4.3 Si	TLE AME TREET TLE IAME TREET TY-ST	T ADDRESS IT-ZIP		☐ Cha	inge`	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	7130 SW 43 ST. MIAMI FL 33155	☐ DELETE	3.1 TT 3.2 NJ 3.3 S ² 3.4 C 4.1 TT 4.2 NJ 4.4 CI 5.1 TT 5.2 NJ 5.3 S ² 5.4 CI 6.1 TT 6.2 NJ	TILE AME TREET TILE LAME TREET TY-SI TILE TY-SI TILE TY-SI TILE AME	T ADDRESS T-ZIP T ADDRESS T-ZIP		☐ Cha	inge 🔲	Addition Addition

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 appetitional statutes and that my name appears in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation of the corporation or the receiver of the corporation of th

SIGNATURE: