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 # P97000081770

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	Principal Place of Business	Mailing Address		
	8324 SW BIRD RD Miami FL 33155			
ncipal Place of Business 2a. Mailing Address	AMM FL 33135			
	SAME	26 SAME		
SAME 26 SAME	Suite, Apt. #, etc.	Suite, Apt. #, etc.		

City & State 28 Country

Country Zip Zip 30 29 9. Name and Address of Current Registered Agent

Kurzban, Ira j		
KURZBAN KURZBAN	WEINGER & TETZELI, P.	A.
2650 SW 27 AVE		
MIAMI FI 33133		

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90052 009 ***150.00



Applied For

Fee Required \$5.00 May Be

Added to Fees

Yes

Not Applicable \$8.75 Additional

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

09/19/1997 4. FEI Number

APPLIED FOR

5. Certifcate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

RAIAR	A) FL 33133	83						
4 MIAN	MI FL 33 133	84	City	85 Zip Code				
÷.				FL 150 240 5000				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PT DELETE	1.1 TITLE		Change Addition				
NAME	GARCIA, ARMANDO D	1.2 NAME						
STREET ADDRESS	821 NW 37 AVE	1.3 STREET	ADDRESS	177/ N.W. 37 HUE				
CITY-ST-ZIP	MIAMI FL 33125	1.4 CITY-S	T-ZIP	77/ N.W. 37 AUE MIAMI, FL. 33/25				
TITLE	VPS DELETE	2.1 TITLE		Change ☐ Addition				
NAME	DIAZ, HILDA	2.2 NAME						
STREET ADDRESS	5358 W 16 AVE	2.3 STREET	ADDRESS					
_CITY-ST-ZIP	_HIALEAH FL 33012	.2.4 CITY-S	T-ZIP					
TITLE	DELETE	3.1 TITLE		☐ Change ☐ Addition				
NAME	•	3.2 NAME						
STREET ADDRESS	•	3.3 STREET	ADDRESS					
CITY-ST-ZIP		3.4. CITY-S	T- ZIP					
TITLE	☐ DELETE	4.1 TITLE	•	☐ Change ☐ Addition				
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET	ADORESS	;				
CITY-ST-ZIP		4.4 CITY-S	T-ZIP					
TITLE	☐ DELETÉ	5.1 TITLE		☐ Change ☐ Addition				
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET	ADDRESS					
CITY ³ ST-ZIP		5.4 CITY-S	T-ZIP					
TITLE	DELETE	6.1 TITLE		☐ Change ☐ Addition				
NAME		6.2 NAME						
STREET ADDRESS	•	6.3 STREET	ADDRESS	·				
CITY-ST-ZIP		6.4 CITY-S						
14. I hereby o	certify that the information supplied with this filing does not qualify for th	e exempti	on stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information				

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indicated on this annual report or supplemental annual execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corp Block 12 or Block 13 if change

SIGNATURE: