May 17, 1999 8:00 am Secretary of State

05-17-1999 90024 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000083919

1. Corporation Name

Principal Place of Business					
	Mailing Address				
12293 RIVERFALLS CT 12293 RIVERFALLS COURT BOCA RATON FL 33428 BOCA RATON FL 33428 US			DO NOT WRITE IN THIS SPACE	:	
				3. Date Incorporated or Qualifed 09/24/1997	
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21	26 P.O.Box 970608			65-0784997	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Le Cartifonto of Statue Decirod	75 Additional e Required
City & State	City & State Boca Raton, FL	3	3497	,	.00 May Be ded to Fees
Zip Country	Zip Cor 2933497 30	intry		8. This corporation owes the current year Intangible Personal Property Tax.	□No
9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	
TRUJILLO, M A 12293 RIVERFALLS COURT		81 82	Name Street Addre	ss (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33428		83			
		84	City	FL 85 ration submits this statement for the purpose of changing	Zip Code

ging its registered it as registered

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	egisterød Agent signature requ	ired when reinstating) DATE		
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 TITLE	☐ Change	☐ Addition	
NAME	TRUJILLO, ELISEO		1.2 NAME			
STREET ADDRESS	12293 RIVERFALLS COURT		1 3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 CiTY-ST-ZIP			
TITLE	PST	DELETE	2.1 TITLE	☐ Change	Addition	
NAME i	TURJILLO, M A		2.2 NAME			
STREET ADDRESS	12293 RIVERFALLS CT		2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33428		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE	☐ Change	Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE	☐ Change	☐ Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CiTY-ST-ZiP			
TITLE		DELETE	5.1 TITLE	☐ Change	Addition	
NAME	,		5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	☐ Change	☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			64 CITY-ST-7IP			

14. 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.

5/1/99

(561)477-3366

CR2E034 (11/98)