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 # **P97000086633**

1. Corporation Name

Principal Place of Business Mailing Address 9598 SW 137TH AVE. MIAMI FL 33186 MIAMI FL 33186						
MIRMI PE 33100		MIAMI I C 00100				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 10/07/1997
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0786984 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired See Required
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip	Coi	intry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. Yes No
	9. Name and Address of Curre	ent Registered Agent		Ι		10. Name and Address of New Registered Agent
CANASI, CARLOS 9598 SW 137TH AVE. MIAMI FL 33186				82	81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	
				83		
				84	City	FL 85 Zip Code
office or r	egistered agent, or both, in the Stat m familiar with, and accept the obliq	e of Florida. Such change was gations of, Section 607.0505, I	s authorized Florida Stat	utes	the corporati	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
0.011.11.11.11	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere		Agen	nt signature require	ad when reinstating) DATE	
12.	·	AND DIRECTORS	13.		т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	DPS	☐ DELETE		1.1 TITLE		
NAME	CANASI, CARLOS		1.2 N			
STREET ADDRESS	l .				TADDRESS	
CITY-ST-ZIP	MIAMI FL 33186			ITY-S	T-ZIP	Channa C Additio
TITLE	DVT	☐ DELETE		2.1 TITLE		☐ Change ☐ Additio
NAME	LAURIDO, ENRIQUE F		2.2 N	2.2 NAME		
STREET ADDRESS			2.3 \$	TREE	T ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186				ST-ZIP	
TITLE		DELETE	3.1 T	TLE		☐ Change ☐ Additio
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREE	TADDRESS	
CITY-ST-ZIP					ST-ZIP	
TITLE		☐ DELETE	4.1 Ti	TLE	1	Change Additio
NAME			4.21	IAME	1	

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 suppliemental 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZiP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TΠE

NAME

TITLE

NAME

DELETE

☐ DELETE

Change

Change

Addition

☐ Addition

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90090 028 ***150.00