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

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90277 006 ***150.00

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DOCUMENT	# P9	70000	086715	5

Corporation Name

JOAN IN	C.							 			
Principal Place	e of Business		Mailing Add	Iress					. ,		
13542 SW 64TH LANE 13542 SW 64TH LANE MIAMI FL 33183			. —			DO NOT W	RITE IN THIS	SPACE			
								3. Date Incorporated or Qualife		, .	
								10/01/1997			
2. Principal P	lace of Business		2a, Mailing	Address				4. FEI Number		Apr	plied For
21			26					65-0803046		No	t Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Re	-
22 City & Stat	е		City & S	State				6. Election Campaign Financin	a _	\$5.00	May Be
23	_		28					Trust Fund Contribution	" 🗆	Added t	
Zip		Country	Zip		Country	y		g. This corporation owes the c	urrent year Inta	ngible	
24	25	-	29	3	10			Personal Property Tax.		☐ Yes	□No
		Address of Current	Registered Ag	ent				10. Name and Address of Nev	Registered A	lgent	
					81		Name				
	ZON, PATRICIA				82	-	Street Ad	Idress (P.O. Box Number is Not Acce	ptable)		
	12 SW 64TH LA	INE			} -		0.,001,10		· ··-,		
MIAN	/II FL 33183				83	ī		·			
					84	+	City		FL.	85 Zip C	Code
		-4.0-1 007.0000	and 607 1509	Elorida Statutos	the abou	<u>L</u>	named co	orporation submits this statement for t	ne nurnose of	changing its	registered
office or r agent. I a	egistere (agent, m amilian with, a	or both, in the State on a political or the obligation of the obli	f Florida. Such ons of, Spanon	change was aut 607.0505, Florid	horized by da Statutes	thes.	e corpora	ation's board of directors. I hereby ac	copt trio appoi	tment as reg	gistered
CIONATORE	Signature typed or prin	nted name of registered agent		(NOTE: F	Registered Age	nt s	ignature requ	uired when reinstating)	DATE		
12.		OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	P			☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	Garzon, Pa				1.2 NAME	1.2 NAME					Ţ
STREET ADDRESS	13542 SW 64				1.3 STREE	1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 331	83			1.4 CITY-S	ST-Z	ZIP				C 1 (40)
TITLE				☐ DELETE	2.1 TITLE					Change	Addition
NAME					2.2 NAME						1
STREET ADDRESS	}				2.3 STREE	TA	DDRESS				1
CITY-ST-ZIP					2. 4 CITY-	ST-	ZIP				
TITLE	l			☐ DELETE	3.1 TITLE					Change	Addition
NAME					3.2 NAME					•	
STREET ADDRESS	İ				3.3 STREE	7 A	DDRESS				1
CITY-ST-ZIP					3.4. CITY-	ST-	ZIP			Change	Addition
TITLE	}			☐ DELETE	4.1 TITLE					Change	C) Addison
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREE		1				ſ
CITY-ST-ZIP				C NEI ETE	4.4 CITY-S	ST-Z	ZIP			Change	[] Addition
TITLE	!			☐ DELETE	5.1 TITLE 5.2 NAME					C cuands	☐ ∪001001)
NAME	1				5.3 STREE		DUBESS				
STREET ADDRESS											
CITY-ST-ZIP	-			DELETE	5.4 CITY-S 6.1 TITLE	51-Z	ur .			Change	Addition
TITLE	1			- ACTULE	6.2 NAME					c.io.igo	
NAME	ł				1		DDDEES)
STREET ADDRESS	1				6.3 STREE	. i Al	DUNESS				ì

14. I hereby certify that the information supplied with this filing does not qualify for the experience ption 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 hat 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 report 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 planted, or or an experience with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: