	PROFIT RPORATION UAL REPORT 1999		FLORIDA DEPART Katherin Secretary DIVISION OF CO	e Harris 🎺 🗕 -	May 10, Secreta	ILED 1999 8:00 1ry of Stat 90276 029 ***150.0	te	
1. Corporation		970000 Nest Contr						
115W. 525T P.O. Box 8316 HIALENGY, 33012 HIALENGY, 33012				DO NOT WRITE IN THIS SPACE				
	Place of Business		failing Address	% 3(<u>)</u>	3. Date Incorporated or Qualifed OI 12 88 4. FEI Number	<u> </u>	ed For	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired	\$8.75 Add	ired	
23 + Aleth 1				Country P	Election.Campaign.Financing — Trust Fund Contribution This corporation owes the curre Personal Property Tax.	Added to F	Added to Fees ear Intangible	
Louis	9. Name and Addres	ss of Current Registe	, , , ,	81 Name	10. Name and Address of New Ro	egistered Agent		
11501	1 8.W. Sb 9	. 76		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
11. Pursuant	to the provisions of Secti	ons 607.0502 and 607	1508, Florida Statutes	, the above-named corporati	poration submits this statement for the pon's board of directors. I hereby accept	FL 85 Zip Cod	gistered	
	am familiar with, and acce	pt the obligations of, S	ection 607.0505, Florid			DATE	_	
12.	OF	FICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFF			
NAME STREET ADDRESS CITY-ST-ZIP	Torge E.1 115 W. 52 HILLOIDI	ylmeida ST JRC 330	□ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change	Addition A	
NAME STREET ADDRESS	MO - Fresa 1072 W. 43	PL ALME (DA		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change [Addition	
TITLE NAME STREET ADDRESS	The Alme	104	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS	- >-	Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	secretions	re 3701	☐ DELETE	3.4. City-St-ZiP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change [Addition	
CITY-ST-ZIP TITLE NAME		33012	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change [Addition	
CITY-ST-ZIP				5.4 CITY-ST-ZIP				
TITLE NAME			DELETE	6.1 TITLE 6.2 NAME		☐ Change 〔	Addition	

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.

SIGNATURE:

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JOYGE E. Almeida SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR