PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000101609

Principal Place of Business	Mailing Address
16119 SW 68 TERR MIAMI FL 33193	16119 SW 68 TERR MIAMI FL 33193
2. Principal Place of Business	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country
24 25	29 30

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90099 037 ***150.00



Applied For

Fee Required \$5.00 May 8e

Added to Fees

Not Applicable \$8.75 Additional

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

12/03/1997 4. FEI Number

65-0796946

1611	9 SW 68 TERR		82	Street Addr	ress (P.O. Box Number is	Not Acceptable)		
* MIAMI FL 33193			83			 -	***	
			84	City		F		
office or re	to the provisions of Sections 607.0502 and 607.15 egistered agent, or both, in the State of Florida. So m familiar with, and accept the obligations of, Sec	ich change was aut	horized by	the corporation	oration submits this stater on's board of directors. I h	ment for the purpose lereby accept the app	of changing its pointment as reg	egistered istered
SIGNATURE						DATE		
	Signature, typed or printed name of registered agent and title if applic OFFICERS AND DIRECTO			t signature require	d when reinstating)	GES TO OFFICERS	AND DIRECTO	2S IN 12
12.	PDS	DELETE	13.		ADDITIONS/CHANC	3ES TO OFFICERS /	☐ Change	Addition
TITLE	CORDEIRO DE MATTOS , MARCELLO	[] pereie	1.2 NAME					
NAME			•					
STREET ADDRESS	16119 SW 68 TERR		1.3 STREET					
CITY-ST-ZIP	MIAMI FL 33193	□ SCLETE	1.4 CITY-ST	T- ZIP			Change	Addition
TITLE	VPTD	☐ DELETE	2.1 TITLE				☐ Change	
NAME	MATTOS, ELMA LUCIA		2.2 NAME					
STREET ADDRESS	16119 SW 68 TERR		2.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33193		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	IT-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	T ADDRESS				
CITY-ST-ZIP			4 4 CITY-S	T-ZIP		•		
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME			52 NAME					
STREET ADDRESS			53 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST	T-ZIP				
TITLE		DELETE	6.1 TITLE				Change	☐ Addition
NAME		•	6.2 NAME					
STREET ADDRESS			6 3 STREET	ADDRESS				
			6.4 CITY-S	T-ZIP				
CITY-ST-ZIP	ertify that the information supplied with this filing of	lone not qualify for t			Section 119 07/31(i) Florid	la Statutes I further o	ertify that the in	formation

of the corporation of suppremental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a 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.

TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Date