PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

7. Corporation	MENT # P9800 S CORPORATION	1000	13/8								
Principal Plac	o of Business	Ma	ailing Address				£ INDIALONY IIO JOINE I	RNY CO NT E VIR I	MENT MANA MATA	ER ik dara kukin	(SOME CONTRACT)
8177 BIRD RO/	•		77 BIRD ROAD								
MIAMI FL 33155 .		, MIA	AMI FL 33155				DO I	OT WRITE	IN THIS SE	PACE	
•						13	Date incorporated or				
	•					"	01/02/1998	Q0			
2. Principal P	lace of Business	2a.	Mailing Address			4.	FEJ Number			Ap	plied For
21		26	•		_		65-0803	201			t Applicable
Suite, Apt.			Suite, Apt. #, etc.			5.	Certificate of Status D	esired [a .		Additional
22	· · · ·	27		<u> </u>						Fee Re	
City & Stat	te		City & State			6.	Election Campaign F	- 1	כ		May Be to Fees
23 Zin	Country	28	Zip	Co	intry		Trust Fund Contributi This corporation owe		year Inter-		
Zip 24	25	29		30	,	•	Personal Property Ta			Yes	□Nø
24	9. Name and Address of Gur		tered Agent	1001		10.	Name and Address		istered Ag	ent	
					81 Name						
	ORIGUEZ, ALFREDO				82 Street	Address (F	O. Box Number is No	t Acceptable)	_	
	49 SW 86 LANE										
MIAI	MI FL 33173				83			•			-
										85 Zip (Code
					84 City				,		
11. Puïsuant	to the provisions of Sections 607.0	0502 and 60	07.1508, Florida Stati la. Such change was	utes, the a	1 1 7	corporation	n submits this stateme oard of directors. I hen	nt for the pur	- FL !		registered gistered
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Staim familiar with, and accept the objective, the objective of the section of the sec	agent and title i	applicable. (NO)	E: Registered	1 1 7	required when	reinstating)	·	PL inpose of character appointment	anging its nent as re	
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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 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 changes or same an attachment with an address, with all other like empowered.

6.4 CTTY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90137 010 ***150.00