PROFIT CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90182 032 ***150.00

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3801 S.W. 130T		}					ì					
MIAMI FL 33175		MIAM) FL 30175					l	DO NOT WRITE IN THIS SPACE				
		}					}	3. Date incorporated or Qualifed	N Inio or A			
		j						01/14/1998			ļ	
2. Principal Place of		Business 2a, Mailing Address						CEL M	. 0	App	lied For	
21		26					{	65-08/396			Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.						5. Certificate of Status Desired] \$ {		dditional	
22		27								Fee Re		
City & State		City & State				-	^	6. Election Campaign Financing		55.00 Added to		
23		Country Zip Country				,		Trust Fund Contribution 8. This corporation owes the current				ļ
Zip		25 29 30			-		}	Personal Property Tax.	ָרֵב <u>ׁ</u>		□No	
24		Name and Address of Current Registered Agent			-			10. Name and Address of New Regi	stered Age	rt		
					81	Name		•				
		EDUARDO			82	Street A	Addres	s (P.O. Box Number is Not Acceptable))			
		130TH AVE.			L							
) MAN	A) FL	33175			83	1						
ļ					84	City			FL 8	Zip C	ode	
L						L		at a submite this statement for the pur	nose of char	ging its	registered	ļ
i office of r	Anista	red agent, or both, in the Stati	e of Pionaa, Suc	ii ciiange was aut	uloticeu vy	mie corpo	oration'	ation submits this statement for the pur s board of directors, I hereby accept th	e appointme	nt as rec	istered	
agent. (a	m fam	liar with, and accept the oblig	ations of, Section	n 607.0505, Florid	da Statutes	5.						
SIGNATURE	Stonetu	e, typed or printed name of registered ag	ent and trie if applicab	e. (NOTE: R	Legistered Age	ut ajdustrae te	quired w		DATE			í
12.	•		ND DIRECTORS	5	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND D	RECTO Change	RS IN 12	Š
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CITY-ST-ZIP		MI FL 33175			2.4 CTTY-	L		<u></u>				l
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STREET ADDRESS)					T ADORESS						
CITY-ST-ZZP			 	 	6.4 CITY-5	T-ZIP	17- 5	ction 119.07(3)(i), Florida Statutes. I fun	that costifu ti	at the ir	formation	ļ
a a I basesburg		that the information autholised t	with this filing dow	se not auslifu for t	ne evenni	หาก รไต่ให้ไ	III 54	rann 11947/340. FIONDA SIBIU(85. IU N	инстистину и	mate (/ NGT H	norngauvii	

SIGNATURE:

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(0). Floridal statutes that the filling 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 are 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

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GNATURE:

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GRATURE: