PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9800006941

DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

05-06-1999 90007 024 ***150.00

| } | A, INC. | | | |
|--|--|-------------------------------------|---|--|
| Principal Place | of Business | Mailing Address | | -{ |
| | | | ord ada | |
| 930 WASHINGTON AVENUE STE. 209 930 WASHINGTON AVENUE S MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 | | S/C. #09 | | |
| William Deficit | . 2 00.00 | | | DO NOT WRITE IN THIS SPACE |
| | | | | 3. Date Incorporated or Qualifed |
| l | | | <u> </u> | 01/20/1998 |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | jeune Rd. | 4. FEI Number Applied For |
| 21 | | 26 782 NW (e | Jeune Ka. | 65-0861814 Not Applicab |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired |
| 22 | | 27 437 | | |
| City & State | е , | City & State | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| 23 | | 28 HIDMI | Country | 110000000000000000000000000000000000000 |
| Zip | Country | Z _{IP} | 33126 | 8. This corporation owes the current year Intangible Personal Property Tax. |
| 24 | 9. Name and Address of Current | | <u> </u> | 10. Name and Address of New Registered Agent |
| | 5. Name and Address of Curren | t Kegisteren Agent | 81 Name | |
| SON | MEZ-DORA-R | | | _/9, |
| | WASHINGTON AVENUE STE. 20 | 89 | 82 Street Addr | ess (P.O. Box Number is Not Acceptable) Life 437 |
| | WHEEACH FL 33130 | | 83 | 2 10.00: 12 100: 5000 |
| , ,,,, | | | | |
| | | | 84 City | miami FL 85 Zip Code 33/26 |
| 44 0 | to the provision of Continue 607 050 | 2 and 607 1508 Florida Statutes | the above-named corn | paration submits this statement for the purpose of changing its registered |
| office or n | egistered agent, or both, in the state | of Klorida) Such change was aut | horized by the corporation | poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered |
| agent. I a | m familiar with and accept the poligat | tions at section by .0303, Front | polatules. | April 20/99. |
| SIGNATURE | | MOUILES L | | |
| | | | teaustored Azont cianoture require | (when reinstating) |
| 12 | Signature, typed or printed name of registered agen | <u> </u> | tegistered Agent signature require 13. | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | OFFICERS AN | <u> </u> | 13. 1.1 TITLE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE NAME | OFFICERS AND P BORDA, ALFREDO | D DIRECTORS | 13. 1.1 TITLE 1.2 NAME | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE NAME STREET ADDRESS | P BORDA, ALFREDO RUBENS 156 | D DIRECTORS | 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HAYEDO SONDA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER PR DIRECTOR

(301) 441-2606