PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # DOCOCOO

FILED Apr 16, 1999 8:00 am Secretary of State 04-16-1999 90117 035 ***150.00

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HIALEAN FL J		NAMERIA PL 33010		DO NOT WRI	TE IN THIS SPACE	
ı				3. Date Incorporated or Qualifed	•••	
	e de la companya de l			01/22/1998		ļ
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	T A	pplied For
21		26		65-080 1064	l N	ot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
22	·	27		3. Centicate of Status Desired	Fee R	equired
City & Sta	te #70 2011 a 100 000	City & State		6. Election Campaign Financing		May Be
23	一多好物。我們提高口作	28		Trust Fund Contribution	Added	to Fees
Zip	Country	L Zīp	Country	This corporation owes the curr		
24	25		30	Personal Property Tax.	Yes	□No
	9: Name and Address of Current	Registered Agent	94 1	10. Name and Address of New F	Registered Agent	
HEC	RRERA, JOSE O		81 Name			[
			82 Street	Address (P.O. Box Number is Not Acceptable)		
2112 SW 112VE MIAMI FL 33175			·			
MUN	WII 1 E 33173		83			
			84 City		85 Zip	Code
			1 1 1		FL S	
		ions of, Section 607.0505, Flor	ida Statutes.	corporation submits this statement for the ration's board of directors. I hereby accep		
SIGNATURE	Signature, typed or printed name of registered agent	and little If applicable. (NOTE:	Registered Agent algosture r	equired when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable. (NOTE: DIRECTORS	Registered Agent eignature n		DATE FICERS AND DIRECTO	
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS ANI	and little If applicable. (NOTE:	Registered Agent signature r 13. 1.1 TITLE	equired when reinstating)	DATE	
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SIGNATURE 12. ITILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PTD HERRERA, JOSE O 2112 SW 122 AVE, APT 112 HIALEAH FL 33016	and little if applicable. (NOTE: DIRECTORS	Registered Agent signature r 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	equired when reinstating)	DATE FICERS AND DIRECTO	DRS IN 12
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Thereby 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: