03-24-1999 90015 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000008746

nera ai	MERICAS INC						
Principal Place	e of Business	Mailing Address	•		1 10011001 110 16101 1911 0011 0011 8711 001	49 45 (51 155) 1	TENTO NIEL LAND
701 BRICKELL AVE 701 BRICKELL AVE							
STE 3000 STE 3000					DO NOT WRITE IN TH	IS SPACE	
MIAMI FL 33131 MIAMI FL 33131					3. Date Incorporated or Qualifed		
	•				01/28/1998		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apı	plied For
21		26			65-0821844	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	
22 STE 3200 27 STE 3200					5. Certificate of Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Count	гу	8. This corporation owes the current year	Intangible ☐ Yes	III No
24	25		30		Personal Property Tax. 10. Name and Address of New Registere		LIZINO .
	9. Name and Address of Curr	ent Registered Agent		Name	10. Haine and Address of New Registere	a Uhaiir	
INTRASTATE REGISTERED AGENT CORPORATION					JIIIC		
701 BRICKELL AVE			8	Street Add	ress (P.O. Box Number is Not Acceptable)		
STE 3000			la	33			
MIAMI FL 33131							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 33 13 1		8	14 City	F	85 Zip C	Code
44 Dumunt	to the provisions of Sections 607.0	502 and 607 1508 Florida Statute	es, the abo	ve-named coπ	paration submits this statement for the number	of changing its	registered
office or r agent. I a SIGNATURE	im tamiliar with, and accept the obli	gations of, Section 607.0505, Flor	nua Statuti	es.	on's board of directors. I hereby accept the apparent of the purpose on's board of directors. I hereby accept the apparent of the purpose on the purpose of the purpose of the purpose on the purpose of	·	gistered
40	Signature, typed or printed name of registered a	egent and title if applicable. (NOTE:	Registered A	gent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PSD	DELETE 1.11		: T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition
NAME			1.2 NAM	E			1
STREET ADDRESS	701 BRICKELL AVE, STE 328	20	1.3 STR	EET ADORESS			
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY	-ST-ZIP			
MLE	VS DELETE 2.13					☐ Change	Addition
NAME			2.2 NAM	E			
STREET ADDRESS	TAL DEPOLICE AND ATT AND			EET ADDRESS			
CITY-ST-ZIP			2, 4 CITY	/-ST-ZIP		·	
TITLE			3.1 TITL	E	,	Change	☐ Addition
NAME			3.2 NAM	E		•	
STREET ADDRESS			3.3 STRI	EET ADDRESS			
CITY-ST-ZIP			3.4. CIT	(-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL	E		Change	Addition
NAME			4. 2 NAA	AE			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITU	ī		Change	☐ Addition
NAME			5.2 NAM	1		•	
STREET ADDRESS				EET ADDRESS			
CITY-\$T-ZIP	·			'-ST-ZIP			
	1		6.1 TITS	- I		☐ Change	☐ Addition i

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-Z3P

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP