FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90009 048 ***158.75

1. Corporation		3011205						
Principal Place	of Business	Mailing Address			1 10011001 111	i iffifit iffits Afret diftte paret as	Applie Not A \$8.75 Add Fee Requi	414, 8111 1881
780 NORTHWES	IT LE JEUNE ROAD	780 NORTHWEST	LE JEUNE ROAD)				
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MIAMI FL 33126	i	MIAMI FL 33126			3. Date Incorpora		IS SPACE	
					1 '	ted or Qualified		}
0 0-111 01	and of Dunings	2a. Mailing Addre	966		02/04/1998 4. FEI Number		App	lied For
2. Principal Pia	ace of Business	⊢	C93		65-0	1812181		Applicable
Suite, Apt. #	# etc	26 Suite, Apt. #,	etc.		<u></u>			
50lle, Apt. 1	, o.c.	27			5. Certifcate of St	atus Desired	•	
City & State	9	City & State			6. Election Campa	aign Financing	\$5.00 1	May Be
23		28			Trust Fund Cor	- 1		
Zip	Country	Zip	Co	ountry	8. This corporation	n owes the current year	Intangible	./
24	25	29	30		Personal Prope	<u> </u>		No
	9. Name and Address of Curre	ent Registered Agent		ļ.,r	10. Name and Ad	dress of New Registere	ed Agent	
				81 Name	urelio	A. Pro	ORA	
	RILAWYER			82 Street Add	iress (P.O. Box Numbe			
	ALMERIA AVENUE						A 1 11	
COR	AL GABLES FL 33134			83 71	PO N.W.	Le Jeune	Rd #	5/6
				84 City			85 Zip C	ode
				$ \gamma \gamma $	IAMI	F	L 33	116
11 Pursuant t	to the provisions of Sections 607.05	02 and 607. 1506, FIGH	ua Statutes	above-Harried Col	PORELOTI GOSTING WITE OF	atomorti ioi tiio pai pooo	ocintment as rea	istored
agent, I at	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	ations of oection servi	0505_B10110a Sta	110165.		DATE	9/99	
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agent. I ar SIGNATURE 12.	Signature, types of printed name of registered ag OFFICERS A	ent and tille if applicable. ND DIRECTORS	(NOTE: Registere	ed Agent signature requir	red when reinstating)	2/ DATE	9/99 AND DIRECTOR	RS 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 of 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:

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99 (305)443-7122

KZEU34 (11/38)