## 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

## DOCUMENT # P98000013827

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

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Principal Place	e of Business	s	Mailir	ng Address					411 <b>30</b> 111 <b>33</b> 101 41	<b>800</b> 111 <b>0</b> 1 1011	) 14 <b>0</b> 47 4 <b>00</b> 1 10 <b>0</b> 1
5700 SW 127 AVE 5700 SW 127 AVE											
1313								TE W. T. 110	00405		
MIAMI FL 33183 MIAMI FL 33183							DO NOT WRI	TE IN THIS	SPACE		
								3. Date incorporated or Qualifed 02/11/1998			
- D	Name of Dunie			lailing Address				4. FEI Number		- <b>Ι</b>	pplied For
	lace of Busin	iess	—————————————————————————————————————	ialling Address				65-081157	5		ot Applicable
Suite, Apt.	# etc			uite, Apt. #, etc.							Additional
22	m, 0to.		27	ono,				5. Certifcate of Status Desired		<b>v</b>	equired
City & Stat	te			City & State	<del></del>			6. Election Campaign Financing		\$5.00	May Be
23			28				- 1	Trust Fund Contribution	~ <u> </u>		to Fees
Zíp		Country	Z	ip	Coun	try		8. This corporation owes the curr	ent year Inta	ngible	
24		25	29		30			Personal Property Tax.		Yes	<b>X</b> No
	9. Name	and Address of C	Current Register	red Agent				10. Name and Address of New I	Registered /	Agent	
400	NENO DEDI	TUA M			1	31 Name	Mo	RENO, BERTHA 1	И.		
}	RENO, BERT			82 Street Add			Addres	s (P.O. Box Number is Not Accept	able)		
5700 SW 127 AVE					L		142	03 SW 245T			
1313	) VII FL 33183	9			]1	33					
MIAN	AII LE 33 10	3			ļ.	34 City	• • •		F.	85 Zip	Code
							<u>M</u> 16	7MI, FL	<u> </u>		3175
11. Pursuant	to the provis	ions of Sections 60	07,0502 and 607. State of Florida	.1508, Florida Stati Such change was	utes, the abo authorized l	ove-named ov the com-	corpor	ation submits this statement for the 's board of directors. I hereby accept	purpose of the purpoin	cnanging its itment as re	s registerea egistered
agent. I a	ım familiar wi	th antiaccent the	obligation of S	Antion COZ OFFE E	lorida Statut						
	/ ///	11, 939 GOODP 919	obligation sol, of			es.		4.4	ALCHAR	100	
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SIGNATURE	Safrature, typed	or mited name of registe	ered agent and title if ap	M O (NO	RENO TE: Registered A	BER	TH	A M - when reinstating)	04/24 DATE	/99	·····
SIGNATURE	Signature, typed	or mited name of registe	xen-X	M O (NO	REND	BER gent signature	TH required v	A M - when reinstating) ADDITIONS/CHANGES TO OF	04/24 DATE FICERS AN	/99	·····
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

May 04, 1999 8:00 am Secretary of State

05-04-1999 90051 041 \*\*\*150.00