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 # P980000 / 46 55

BUSINESS, INC.

May 13, 1999 8:00 am Secretary of State 05-13-1999 90017 022 ***158.75

City & State Ci	Applied For Not Applicable 5 Additional Required 00 May Be ed to Fees
2. Principal Place of Business 2a. Mailing Address 2b. Lettin Letter L	Not Applicable '5 Additional e Required 00 May Be
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Zip Country Zip Country Zip Country Zip Country Zip Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	Not Applicable '5 Additional e Required 00 May Be
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	Required OO May Be
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. X Yes	, ,
25 29 30 Personal Property Tax.	ed 10 Lee2
	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name	
CARLOS A. KALA BAIDE 82 Street Address (P.O. Box Number is Not Acceptable)	
1547 NW 79 AVENUE 83	
Mi Ami, FL 33126 84 City FL 85	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment a agent. I am familiar with, appropriate the explications of, Section 607.0505, Florida Statutes.	
SIGNATURE Signature, typed aprilled name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) OATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE PSD □DELETE \$\\\11TITLE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ge
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14. 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.