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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P980000 17 109

Principal Place of Business Mailing Address 8306 Hills Dr, #656 Mami, FL, 33183

FILED May 24, 2000 8:00 am Secretary of State

05-24-2000 90147 006 ***158.75

DO NOT WRITE IN THIS SPACE

4/25/00 (305)-270/471

					Date Incorporated or Qualifed
Principal Pla	ace of Business				
1830	6 Hills Dr.	2a. Mailing Address			4. FEI Number Applied Fo
Suite, Apt. #		26			65 - 0817067 - Not Applied Fo
656	, via,	Suite, Apt. #, etc.			60.75
City & State					5. Certificate of Status Desired \$8.73 Addition Fee Required
Hia-		City & State			0-51
Zip	Country	28			Trust Fund Contribution Added to Fees
33189	a ⊢ '	Zip	Country		8. This corporation owes the current year Intangible
		29 3	0		Personal Property Tax.
\	9. Name and Address of Current				10. Name and Address of New Registered Agent
Maria	-1-6 ():	١.	81	Name	Togatotta Agent
101	ovez / capue	الأصر	82	Size of Ad	
1241	10 Su, 96 Ct	reat	102	Street Adi	Idress (P.O. Box Number is Not Acceptable)
Morales, Gabriela 12410 su 96 street Miami, FL 33186				<u> </u>	
MIO	m1, 1-6 331	86			
_	•		84	1,	85 Zip Code
Pursuant to	the provisions of Sections 607.0502	and 607,1508, Florida Statutes	the above	e-pamed se	}-!
agent, t am	gistered agent, or both, in the State of i familiar with, and accept the obligation	Florida, Such change was auth	orized by	the corpora	orporation submits this statement for the purpose of changing its register attion's board of directors. I hereby accept the appointment as registered
IGNATURE _	and the configuration of the configuration	ins or, section 607.0505, Florid	a Statutes	i.	as registered
SI SI	Ignature, typed or printed name of registered agent a	nd lille if applicable (MALE: D.			
2.	OFFICERS AND		13.	a signature requi	ured when reinstalling) DATE
LE 6	P	DELETE	1.1 TITLE	·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
·- \ _	jergio M. Delaros	^	1)	☐ Change ☐ Ac
HEET ADDRESS 1	2410 Sw 96 stre	a+	12 NAME		
ST. ZIP	Miami, FL 3317	7	1.3 STREET	ADDRESS	
	5P		1.4 CITY-S	T- ZIP	
	Sala Rosa, cormo	DELETE	2.1 TITLE		Change Ac
TELT ADDRESS 2	330 Amsterdam	Aug Apt 5Pm	22 NAME		: -
			2.3 STREET	ADDRESS	·
ST-ZIP	Jew York eity No	<u>1_10025</u>	2.4 CITY- S	T-ZIP	
I		DELETE	3 TITLE	-	Change
- ال	sabrida Horales		32 NAME		
TET ADDRESS \	2410 Sw 96 str		3.3 STREET	ADDRESS	
- ST-ZIP	liami, FL 33181	_	3.4. CITY-S	T-71P	
		☐ DELETE	4.1 TITLE		TChann Ma
-			4. 2 NAME		Change Ac
"LLI AUDRESS	•		43 STREET	ADDESS	
ST-ZIP			4.4 CITY-S		
		[] DELETE	51 TITLE	1-2119	1-1 4-1
_			52 NAME	ľ	Change TAd
1 ADDRESS			5.3 STREET	Annocce	
ST-ZIP					
	h	DELETE	5.4 CITY-ST	I-ZIP	
		, ,, LI DECEIE			☐ Change ☐ Ad
ADDRESS			62 NAME		
ST-ZIP	•		63 STREET		
I hereby cer	tify that the information or notice is the	u :- 60	64 CITY-ST		
indicated on	this annual report or supplemental a	ms using does not qualify for the	e exempli	on stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an utind by Chanter 80.7. Florida Statutes.
					re shall have the same legal effect as if made under oath; that I am a uired by Chapter 607, Florida Statutes; and that my name appears in
January 2 UI	block 13 ir changed, or on an atlachn	ent with an address, with all of	her like en	powered.	orange appears in
_	010M	~ ~	_		

SIGNING OFFICER ON DIRECTOR