**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 24, 1999 8:00 am Secretary of State

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<b>DOCUMENT #</b>	P98000018295
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1. Corporation	Name	010200				`			
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Principal Place	of Business	Mailing Address					i Memarita in Milita (indi	6 ffain int	in bin inti
POST OFFICE I		POST OFFICE BOX 490654							
KEY BISCAYNE		KEY BISCAYNE FL 33149				DO NOT WINTE IN	TUIO COACE		
	:					DO NOT WRITE IN	THIS SPACE		<del></del>
-						3. Date Incorporated or Qualifed			
		I Bir Marillan Address				02/25/1998 4. FEI Number		Applie	ed For
	lace of Business	2a. Mailing Address				<b>45.</b> 083159	`R		pplicable
21	#	Suite, Apt. #, etc.				- W	\$8.	75 Add	
Suite, Apt.	#, etc.	27				5. Certificate of Status Desired		e.Requi	
City & State	В.	City & State		-		6. Election Campaign Financing	\$5	.00 Ma	av Be
23	~	28				Trust Fund Contribution		ded to F	
Zip	Country	Zip	Cour	itry		8. This corporation owes the current ye			İ
24	25	29	30			Personal Property Tax.	Yes		No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Regist	ered Agent		
			- [	81 Name					{
	IGUART, JULIO E		ŀ	82 Stree	Addre	ss (P.O. Box Number is Not Acceptable)			
	B BRICKELL AVENUE		]						
	N FLOOR			83					<b>\</b>
MIAI	MI FL 33131		İ	84 City			FI 85	Zip Coo	de
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11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute: of Florida, Such change was auf	s, the at thorized	hv the con	oration	ration submits this statement for the purposes board of directors. I hereby accept the	appointment	es regisi	tered
agent. I a	m familiar with, and accept the obligat	lons of, Section 607.0505, Florid	da Statu	tes.		ration submits this statement for the purpor's board of directors. I hereby accept the			1
SIGNATURE						_	TE -		l
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F				_	TE	CTORS	l
SIGNATURE		t and title if applicable. (NOTE: F	Registered /	gent signature		when rematating) DA	TE	CTORS	l
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CITY-ST-ZIP 14. Thereby 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 cath; 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 charged, or on an arightment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: