## **PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000020520 1. Corporation Name

## **FILED** Apr 14, 1999 8:00 am Secretary of State

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Principal Place of Business Mailing Address 8876 NW 110TH STREET 8878 NW 110TH STREET HIALEAH GARDENS FL 33018 HIALEAH GARDENS FL 33018						DO NOT WRITE IN T			
						3. Date Incorporated or Qualifed	110 0	FACE	<del> </del>
						03/04/1998			
	lace of Business	2a. Mailing Address				4. FEI Number 65-08/9480			Applied For Not Applicable
21	#	Suite, Apt. #, etc.							Additional
Suite, Apt.	w. etc.	27				5. Certificate of Status Desired			Required
_ City & State	9	City & State			<del></del>	6. Election Campaign Financing		\$5.0	Q May Be
23		28			•	Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip		ıntry	<u> </u>	8. This corporation owes the current year			п
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Register	40 A	Agur	
AMF	RILAWYER								· · · · · · · · · · · · · · · · · · ·
343 ALMERIA AVENUE			82 Street Add			ess (P.O. Box Number Is Not Acceptable)			
	AL GABLES FL 33134			83					
	,			Ц				T1 -	
				84	City	ſ	FL	85 Zi	p Code
SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or provided name of regulated agen					oration submits this statement for the purposin's board of directors. I hereby accept the ap	-		
SIGNATURE	Signature, typed or printed name of registered agen						-		FORS IN 12
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	rt and title if applicable. (NOTE:	Registered	Agent		d when ministrating) DATE	-		FORS IN 12
SIGNATURE	Signeture, typed or printed name of registered agen OFFICERS AN PTD RODRIGUEZ, FRANCISCO P	nt and title if applicable. (NOTE:	13. 1.1 T/ 1.2 N/	Agent TLE AME	algretime required	d when ministrating) DATE	-	DIREC	FORS IN 12
SIGNATURE 12.	Signeture, typed or profied name of registered ager OFFICERS AN PTD RODRIGUEZ, FRANCISCO P 8876 NW 110TH STREET	nt and title if applicable. (NOTE:	13. 1.1 TJ 1.2 NJ 1.3 S	TLE AME	signeture required	d when ministrating) DATE	-	DIREC	FORS 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 enort 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 poporation 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 chapted or on an attachment with an address, with all other like empowered.

SIGNATURE:

RECURED NAME OF SIGNAM OFFICER OR DIRECTOR

365) 824-1333