Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90174 019 ***150.00

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

1999 DOCUMENT # POROCO21865

Principal Place	ATIONAL INVESTMENTS &						
220 71 STREET 220 71 STREET STE 213 STE 213							
MIAMI BEACH FL 33141 MIAMI BEACH FL 33141					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 03/09/1998 65-082-05	10	
2. Principal Place of Business		2a. Mailing Address	⊢		4. FEI Number 65 - 08 9 05 1 0	1 744	olied For Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Ac	
22		City & State	City & State		O Estate Singuistra		`
City & State	e	28	├─ ┐ '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
Zip Country		Žip			8. This corporation owes the current year		□No
24	25	29	30	·	Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Curre	ut Kedistelen Adeur	8	1 Name	To. Harrie and Address of New Register	ed rigoni	
CHIA	ARATO, UGO V						
220 71 STREET			82	2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
STE 213			8:	3			
MIAMI BEACH FL 33141			84	1 City		85 Zip C	ode
				'		-L	ļ
office or r	to the provisions of Sections 607.05/ egistered agent, or both, in the State m familiar with, and accept the oblig	a of Florida. Such channe was	authorized by	√the corporati	poration submits this statement for the purposion's board of directors. I hereby accept the ap	pointment as reg	istered
SIGNATORE	Signature, typed or printed name of registered age	ent and title if applicable. (NO		ent signature require	red when reinstating) DATE		DC IV 40
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PITISID EDDT	FORTUNATO DELETE 1.1				Change	L Addition
NAME	ROMEO, TORT	CT # 013	1.2 NAME			÷	
STREET ADDRESS	220 TIST STRE	ti #20		ET ADDRÉSS			
CITY-ST-ZIP TITLE	MIAHI BEACH	FL 33141	1.4 CITY- 2.1 TITLE	51-217	and the second s	☐ Change	Addition
NAME			2.2 NAME				_
STREET ADDRESS			1	ET ADDRESS	,		
CITY-ST-ZIP			2.4 CITY-	- I	•		}
TITLE			3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE	☐ DELETE		4.1 TITLE			Change	Addition
NAME			4. 2 NAM				
STREET ADDRESS			4.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			C 1 4 4 4 5 5 1 1 1
TITLE		☐ DELETE 5.1		1		` ☐ Change	Addition
NAME			5.2 NAME	ſ	·		ĺ
STREET ADDRESS				ET ADDRESS		,	Ì
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE		.	Change	Addition
TITLE		☐ DELETE	6.2 NAME			☐ Orlange	radinosi
NAME	İ		U.Z NONIVIE		•		

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

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP