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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000023512

1. Corporation Name

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90062 019 ***150.00

Principal Place	OF Business	Mailing Address	_							
8298 N.W. 56T		8298 N.W. 56TH STREET								
MIAMI FL 33166 MIAMI FL 33166						DO NOT WE	RITE IN THIS	SPACE		
						Date Incorporated or Qualifer		OI AOL		$\overline{}$
						03/11/1998	_			ļ
2. Principal P	lace of Business	2a. Mailing Address				A FEI Number	100		Applie	d For
21	-	26			٠.	65-0824122			Not Ap	pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		+ - · ·	5 Addi	
22		27				5. Certificate Of Otatus Desired		Fee	Requi	red
City & Stat	e	City & State				6. Election Campaign Financing	3 _□		00 Ma	
23						Trust Fund Contribution			ed to F	ees
Zip	Country	Zip	Country			8. This corporation owes the cu	irrent year Int		₽.	No.
24	25	29 30	<u> </u>			Personal Property Tax. 10. Name and Address of New	Ranietarad	Yes Agent	<u> </u>	
	9. Name and Address of Curren	t Registered Agent	81	Name		IV. Name and Address of New	Leanstelag	-Aeur		
UEV	RR, CRAIG R		["							
i	NORTH KENDALL DRIVE		82	Street	Addres	ss (P.O. Box Number is Not Accep	otable)			
	MI FL 33156 .		83							
,,,,,										
			84	City			FL	85 2	zip Cod	ie
				£ .					ito roo	victored
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statutes, of Florida. Such change was auth	the above orized by	e-named	d corpor poration	ration submits this statement for the about of directors. I hereby acc	ept the appoi	changing ntment as	s regist	ered
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations of the state	itions of, Section 607.0505, Fiorida	a Statutes			when reinstating)	DATE			
agent. I a	im familiar with, and accept the obligation of the state	itions of, Section 607.0505, Fiorida	a Statutes				DATE	ID DIREC	TORS	IN 12
agent. I a	im familiar with, and accept the obligation of the state	nt and title if applicable. (NOTE: Re	gistered Ager			when reinstating)	DATE		TORS	
agent. I a SIGNATURE 12.	Im familiar with, and accept the obligation of signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: Re	gistered Ager			when reinstating)	DATE	ID DIREC	TORS	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 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.

SIGNATURE: Y