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

PROFIT CORPORATION ANNUAL REPORT

.1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000024559

1. Corporation Name

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90009 049 ***150.00

Principal Place	of Business	Mailing Address			<u>-</u> -	
7700 N KENDALL DR. STE 505 7700 N KENDALL DR. STE 5			STE 505			·
MIAMI FL 33156 MIAMI FL 33156						DO NOT WRITE IN THIS SPACE
l						3. Date Incorporated or Qualifed
						03/16/1998
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65.0819874 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Continue of Status Decired \$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be
23 28			Country			Trust Fund Contribution Added to Fees
Zip	r— '	, · · · · · · · · · · · · · · · · · · ·				8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Currer	29	30			Personal Property Tax. 10. Name and Address of New Registered Agent
ļ. <u> </u>	9. Name and Address of Currel	nt Registered Agent		81	Name	TO, Halife and Address of New Neglisteriou Agont
SUE	iras, albert					
7700 N KENDALL DR, STE 505				82	Street A	ddress (P.O. Box Number is Not Acceptable)
MIAMI FL 33156				83		
				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above					named c	omoration submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
	Signature, typed or printed name of registered age			Agent s	signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD OFFICERS AF	ND DIRECTORS DELETE	13.			Change Cladition
TITLE	SIERRA, MIGUEL	□ beleve	1.2 N		'	SIERRA, MIGUEL 1700 NO. KENDALL DR. STE 505
NAME	4623 SW 140 PL				DDRESS	2200 NO KENDALL DR. STE 505
STREET ADDRESS	MIAMI FL 33175		1		- 1	4,4M, FL 33156
CITY-ST-ZIP	VD	☐ DELETE		TY-81-7	ZIP	☐ Change ☐ Addition
NAME	RODRIGUEZ, JOSE	<u> </u>	2.2 N		-	
STREET ADDRESS	9558 SW 166 CT				DDRESS	
-	HALLET BOARD			ITY-ST-		ļ
CITY-ST-ZIP	TSD	☐ DELETE				PSD Change Addition
NAME	SUEIRAS, ALBERT		3.2 N			SUFIRAS ALBERT
STREET ADDRESS	7700 NI VENDALL DD CTT SOE			_	DDRESS	1700 NO KEN DALL DRV. STESOS
CITY-ST-ZIP				ITY-ST-	Į.	NAMI FL. 33156
TITLE		☐ DELETE	4.1 TI	ΓLE		☐ Change ☐ Addition
NAME			4.2 N	AME		
STREET ADDRESS	 		4.3 \$7	REETA	DDRESS	
CITY-ST-ZIP			4.4 CI	TY-ST-	ZIP	
TITLE		☐ DELETE				Change Addition
NAME			5.2 N			
STREET ADDRESS					DDRESS	
CITY-ST-ZIP				TY-ST-	ZIP	
TITLE		DELETE	- 1)	☐ Change ☐ Addition
NAME	E		6.2 N/		000555	
STREET ADDRESS					DDRESS	
CITY-ST-ZIP			6.4 CI	TY-ST-	ZIP _	

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 type 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 of trustee enhowered 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 arachment with an address, with all other like empowered.

SIGNATURE: