PROFIT CORPORATION ANNUAL REPORT .

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 16, 1999 8:00 am Secretary of State Katherine Harris

02-16-1999 90050 020 ***150.00

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Original 1 Diana	- of Duel-and	Mailing Address	-		I HEEL OHED IBHH E	arri toti (bel	
Principal Place		15460 S.W. 57TH ST					
15480 S.W. 577 Miami Fl 33190		MIAMI FL 33193					
			•	DO NOT WRITE IN THIS	SSPACE	-	ı
	•			3, Date Incorporated or Qualifed			
		0.00		03/19/1998 4. FEI Number	Ann	lied For	١.
<u> </u>	face of Business	2a. Malling Address		65-0820621		Applicable	1.7
Suite, Apt.	# ptc	Suite, Apt. #, etc.			\$8.75 A		١.
22	, a.c.	27		5. Certificate of Status Desired	Fee Rec	pentury	
City & State	e	- City & State		6. Election Campaign Financing	\$5.00	Viay Be	
23		28		Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year in			
24	25	29	30	Personal Property Tax.			ł
	9, Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registered	Agent		1
CEO	UERELLA, RAFAEL E	*, * * * *	1 1 1				
	50 S.W. 57TH ST		82 Street Ad	dress (P.O. Box Number is Not Acceptable)			
	/II FL 33193		83	The second secon	Elizabeth S	Se (15)	١.
					85 Zip C	114: 20 (42)	1
			84 City	FI.	_ -	_	ĺ
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	tes, the above-named co	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	I changing its r	registered	١ '
office or n	egistered agent, or both, in the Statem familiar with and accept the oblid	te of Florida, Such change was a	Buthorized by the corpora	tion's board of directors, I hereby accept the appo	munera as reg	1516100	١.
			New Digitalor.				
1	,						
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOT	E: Registered Agent signature requ	red when reinstating) DATE			(86
SIGNATURE	Signature, typed or printed name of registered a OFFICERS /	gent and title if applicable. (NOT AND DIRECTORS	E Registered Agent signature requ				11/98)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable. (NOT	E Registered Agent signature required. 13. 1.1 TITLE	red when reinstating) DATE	ND DIRECTOR		W (11/98)
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14. I hereby certify that the information supplied with this filing eldes 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 eath; that I am an officer or director of the corporation or the receiver of 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 on an attachment with an address, with all other like empowered.