04-28-1999 90032 030 \*\*\*150.00

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PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000025986

1. Corporation Name

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Principal Plac	e of Business		failing Address					1	I I <b>FRIMBI</b> HU	18101   8411   81		BALL ERIUD I	HOUL BILLS I		
4490 NW 102 (			90 NW 102 CT												
MIAMI FL 33178 MIAMI FL 33178															
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									<u> 19/1998 </u>						_,
2. Principa F	Place of Business	2a	. Mailing Address						Number	2 . 20				<u> </u>	ied For
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Suite, Ant.	#, etc.	<u> </u>	Suite, Apt, #, etc.					5. Cert	ifcate of Sta	atus Desir	eđ [		•		ditional
22		27												Recu	
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23		28]	A40)				<del></del>	+	t Fund Con					ed to	rees
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24	25	29		30	1				onal Prope		low Boa	ictored			
	9, Name and Add	ress of Current Regis	stered Agent		81	Name		TU. Maii	and Add	11033 01 1	iew iteg	istere a	Agent		
DF I	OS RIOS, MERCED	)FS								<del></del>					
	NW 102 CT				82	Stree	t Acdre	ess (P.O. E	lox Number	r is Not Ac	eldetqəs	<del>&gt;</del> )			
	MI FL 33178				83					· · · · · · - · ·					
WW W	M 7 E 00 17 0				63										
					84	City						FL	.	ip Co	de
11. Pursuant	to the provisions of Se	ctions 607.0502 and 6	607.1508, Florida Stat	utes, the a	bove	-пате	d corpo	ration sub	mits this sta	atement fo	r the pur	rpose of	changing	its re	gistered
office or a	to the provisions of Se registered agent, or bo am familiar with, and ad Signature, typed or printed na	th, in the State of Flori	ida. Such change was f, Section 607.0505, F	authorized	d by t utes.	he cor א פ	poration	when reinstal	105	. I nereby i	accept tr	ne appoi	3/99		stered
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14. I hereb / certify that the informat on 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 a l other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mercedes De LOS PIOS