

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90235 020 \*\*\*150.00

393645 - 90235 - 20

3. Date Incorporated or Qualified  
03-27-1998:

4. FEI Number  
58-2381169

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

### 6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

GREEN, JONATHAN H.  
799 BRICKELL PLAZA, STE 700  
MIAMI, FL 33131-2816

81	Name	DEBORAH L. RAMIREZ
82	Street Address (P.O. Box Number is Not Acceptable)	12964 S.W. 133 COURT
83		
84	City	MIAMI

FL	85	Zip Code 33186
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 William C. Smith  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

12.	OFFICERS AND DIRECTORS
TITLE	<input checked="" type="checkbox"/> DELETE D GREEN, JONATHAN 799 BRICKELL PLAZA, STE 700 MIAMI, FL 33131-2816
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	P MICHELLE RAMIREZ
NAME	12964 S.W. 133 COURT
STREET ADDRESS	MIAMI, FL 33186

CITY-ST-ZIP	
TITLE	V DEBORAH L. RAMIREZ
NAME	12964 S.W. 133 COURT
STREET ADDRESS	MIAMI, FL 33186
CITY-ST-ZIP	

CITY-ST-ZIP		<input checked="" type="checkbox"/> DELETE
TITLE	ST. JAMES C. HOGES	
NAME		
STREET ADDRESS	799 BRICKELL PLAZA, STE 700	
CITY-ST-ZIP	MIAMI, FL 33131-2816	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	

2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-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 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: William L. Kamke  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-99

305-234-2342  
Daytime Phone #