PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POROGO31113

Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90231 010 ***150.00

1. Corporation Name							`							
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MIAMI GANUEN	3 FL 3003			<u>ي</u> حد	جيئن.	 		e Incorporated or Qua	tifed	-	 پرهينټ			
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21 1070 Suite, Apl.) N.W. 179 St.	Suite, Apt					1		_	1	\$8.75			
22 ///	27 HiA	HIAKEAH FL.			3017.	5. Certificate of Status Desired				Feel	Fee Required			
- City & State			ajo -	•				ction Campaign Finan	icing [] ~		0 May		
23 Miami Fl. 28			Zip Country					st Fund Contribution		mar Intar		d to Fe	53	
330 Tab	Country	Zip		30				corporation owes the sonal Property Tax.	Current		∏ Yes ===	-CIN	ō	
24 550	g. Name and Address of Current		nt					ne and Address of	lew Regi	stered A	gent			!
y					81	Name								
MARTINEZ, JOHN J					82	Street Addre	ss (P.O. i	Box Number is Not Ac	ceptable))				
10966 N.W. 57TH AVENUE								· ·						
#303 MIAMI GARDENS FL 33015					83									
(MIL-UN	M CALIDERO I E 30013				84	City				FL	85 Zi	p Code	•	
44 Purevant	to the provisions of Sections 607.0502	and 607,1508, F	lorida Statut	s, the a	bove-	-named corpo	ration sub	omits this statement fo	or the pur		hanging	its regi	stered	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such ch	range was a 07.0505, Flo	uthonzed rida Stat	d by ti utes.	he corporation	n's board	of directors. I hereby	accept th	e appoint	ment as	registe	reci	l
SIGNATURE	an tantinal wild, are decept ale earligant								=		· . ·			_
	Signature, typed or printed name of registered agent a		(NOTE	-	Agent	signature required		ITIONS/CHANGES T		DATE	DIRECT	TORS	N 12	(11/98)
12.	OFFICERS AND		DELETE	13.	TLE ===		AUUI	IIIONS/CHANGES II			Chang	D[Addition	-E
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14. I hereby certify that the information supplied with this filling 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 agricular report is to a single 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 or trustee employered 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SOLUTION AND TYPED OR PRINTED MAILE OF BIGNANG OFFICER OR DIRECTOR