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PROFIT CORPORATION ANNUAL-REPORT

FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000031431

Corporation Name

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90063 014 ***150.00

Principal Place of Business 100 N. PINE ISLAND RD., APT. 104 UNRISE FL 33351	Mailing Address 3100 N. PINE ISLAND RD., AP SUNRISE FL 33351	PT. 104		DO NOT WRITE 3. Date incorporated or Qualifed 04/03/1998		
2. Principal Place of Business	2a, Mailing Address			4. FEI Number 65-0696203	}	Applied For Not Applicable
Suite! Apt. #, etc.	Suite, Apt. #, etc.				_ \$8.	75 Additional
1	27			5. Certificate of Status Desired		e Required
City & State	City & State			-6Election Campaign Financing		.00.May Be
3		Country		Trust Fund Contribution		ded to Fees
Zip Country	29 30	_		 This corporation owes the current Personal Property Tax. 	Year Inlangible	□No
9. Name and Address of Curren		<u>'</u>		10. Name and Address of New Reg	istered Agent	
		81	Name			
MORALES, RAUL 3100 N. PINE ISLAND RD., APT. 104		82	Street Addre	ress (P.O. Box Number Is Not Acceptable	o)	
SUNRISE FL 33351		83	ļ			
			City		(85	Zip Code
j		84	•		FLII	,
SIGNATURE Signature, typed or printed name of registered ager	nt and little if applicable. (NOTE: Re	gistered Agen		d whan reinstating)	DATE	
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14. 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:

KICKLURE REQUIRED

1/14/29

Daytime Phone #