**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000031443 1. Corporation Name

|  |                                    | ING CORPORATIO                                   |            |                          |                      |   |   |  |                           |   |
|--|------------------------------------|--|------------|--------------------------|----------------------|---|---|--|---------------------------|---|
| Principal Pla  | ace of Busines                     | 53   | Ī          | Mailing Address          | 3                    |   |   |  | ···-· (1811 418           | 21999 1911 1881                               |
| 11 N.W. 209  | TH AVE.                            |  |            | 711 N.W. 209TH           | AVE.                 |   |   | ł  |                           |   |
| TE 113   |                                    |  | -          | STE 113                  |                      |   |   | DO NOT INDITE IN TO  | JIC COACE                 |   |
| PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029  |                                    |  |            |                          |                      | )   |   | DO NOT WRITE IN TI   | 115 SPACE                 |   |
|  |                                    |  |            |                          |                      |   |   | 3. Date incorporated or Qualifed   |                           |   |
|  |                                    |  |            |                          |                      |   |   | 04/06/1998   |                           |   |
| Principal Place of Business  |                                    |  |            | a. Mailing Addr          | reas                 |   |   | 4. FEI Number  | Land-                     | pplied For                                    |
| 1  |                                    |  | 26         | s]                       |                      |   |   | 65-0825585   |                           | ot Applicable                                 |
| Suite, Ap  | AL #, etc.                         |  | - !_       | Suite, Apt. #            | etc.                 |   |   | 5. Certificate of Status Desired   |                           | Additional                                    |
|  |                                    |  | 27         | ·[-                      |                      |   |   | o. Scratters of Caras Desired  | Fee R                     | equired                                       |
| City & Sta   | ate                                |  |            | City & State             | فنستنب سيد           |   |   | 6. Election: Campaign: Financing   | \$5.00                    | )-May Be                                      |
|  |                                    |  | 28         |                          |                      |   |   | Trust Fund Contribution  |                           | to Fees                                       |
| Zip  |                                    | Country  |            | Zip                      |                      | Countr  | У   | 8. This corporation owes the current year  | Intangible                |   |
| l  |                                    | 25   | 29         | 1                        | 3                    | 10  | •   | Personal Property Tax.   | Yes                       | □No   |
|  | 9. Name                            | and Address of Curre                             | ent Reg    | Istered Agent            |                      |   | `   | 10. Name and Address of New Register   | ed Agent                  |   |
|  |                                    | ****   |            |                          | <del>',</del>        | 8   | Name  |  |                           | _   |
| OS   | iorio, mag                         | ALY  |            |                          |                      |   |   |  |                           |   |
| 911 N.W. 209TH AVE   |                                    |  |            |                          |                      | 82 Street Address (P.O. Box Number is Not Acceptable)   |   |  |                           |   |
| STE 113  |                                    |  |            |                          |                      | 8:  | 3   |  |                           |   |
| PFI  | MBROKE PI                          | NES FL 33029                                     |            |                          |                      | " ا   | 1   |  |                           |   |
|  |                                    |  |            | •                        |                      | 84  | 4 City  | F  | 85 Zip                    | Code  |
|  |                                    |  |            | .,                       | ,                    | <b>30 4000</b>  | •   | poration submits this statement for the purpose<br>on's board of directors. I hereby accept the ap |                           |   |
|  | Signature, types                   | d or printed name of registered ag               | ent and 10 | le if applicable.        |                      | legistered Age  | ent algoratura haquira  | ed when reinstating) DATE  |                           |   |
| l.   | Signature, types                   | d or printed name of registered ag<br>OFFICERS A | ent and 10 | le If applicable.        | (NOTE: R             | legistered Agr  |   |  | AND DIRECTO               | DRS IN 12                                     |
|  | Signature, types                   | OFFICERS A                                       | ent and 10 | le If applicable.        |                      | 13.   |   | ed when reinstating) DATE  |                           | DRS IN 12                                     |
| E  | PD OSORIO,                         | OFFICERS A                                       | ent and 10 | le If applicable.        | (NOTE: R             | 13.<br>1,1 TITLE<br>1,2 NAME  | ent signature require   | ed when reinstating) DATE  | AND DIRECTO               | ORS IN 12                                     |
| E<br>Æ   | PD OSORIO, s 911 N.W               | OFFICERS A<br>MAGALY<br>. 209TH AVE.             | ent and 10 | le If applicable.        | (NOTE: R             | 13.<br>1,1 TITLE<br>1,2 NAME  |   | ed when reinstating) DATE  | AND DIRECTO               | ORS IN 12                                     |
| E<br>MEET ADORES   | PD OSORIO, s 911 N.W               | OFFICERS A                                       | ent and 10 | le if applicable. ECTORS | (NOTE: A             | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE   | ent algorature require  | ed when reinstating) DATE  | AND DIRECTO               | ORS IN 12                                     |
| E<br>RE<br>EET ADORES:<br>(-ST-ZIP   | PD OSORIO, s 911 N.W               | OFFICERS A<br>MAGALY<br>. 209TH AVE.             | ent and 10 | le if applicable. ECTORS | (NOTE: R             | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE   | ent algorature require  | ed when reinstating) DATE  | AND DIRECTO               | ORS IN 12                                     |
| E<br>RE<br>EET ADORES:<br>(-ST-ZIP<br>E  | PD OSORIO, s 911 N.W               | OFFICERS A<br>MAGALY<br>. 209TH AVE.             | ent and 10 | le if applicable. ECTORS | (NOTE: A             | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE   | ent algorithm require ET ADDRESS ST-ZIP   | ed when reinstating) DATE  | AND DIRECTO               | ORS IN 12                                     |
| E<br>AE<br>MEET ADORESS<br>Y-ST-ZIP<br>E   | PD<br>OSORIO,<br>911 N.W<br>PEMBRO | OFFICERS A<br>MAGALY<br>. 209TH AVE.             | ent and 10 | le if applicable. ECTORS | (NOTE: A             | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE<br>1.4 CITY-:<br>2.1 TITLE<br>2.2 NAME  | ent algorithm require ET ADDRESS ST-ZIP   | ed when reinstating) DATE  | AND DIRECTO               | ORS IN 12                                     |
| E  AE  EET ADORES: Y-ST-ZIP  E  ME  ME  MEET ADORES:   | PD<br>OSORIO,<br>911 N.W<br>PEMBRO | OFFICERS A<br>MAGALY<br>. 209TH AVE.             | ent and 10 | le if applicable. ECTORS | (NOTE: A             | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE<br>1.4 CITY-:<br>2.1 TITLE<br>2.2 NAME  | ET ADDRESS  | ed when reinstating) DATE  | AND DIRECTO               | DRS IN 12 Addition                            |
| L. LE ME ME Y-ST-ZIP LE ME ME ME ME ME TOTAL Y-ST-ZIP NE ME TOTAL Y-ST-ZIP   | PD<br>OSORIO,<br>911 N.W<br>PEMBRO | OFFICERS A<br>MAGALY<br>. 209TH AVE.             | ent and 10 | ie if applicable. ECTORS | (NOTE: A             | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE<br>1.4 CITY-1<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREE   | ET ADDRESS  | ed when reinstating) DATE  | AND DIRECTO               | DRS IN 12 Addition                            |
| LE ME  | PD<br>OSORIO,<br>911 N.W<br>PEMBRO | OFFICERS A<br>MAGALY<br>. 209TH AVE.             | ent and 10 | ie if applicable. ECTORS | (NOTE: Á<br>ELETE    | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE   | ET ADDRESS  | ed when reinstating) DATE  | AND DIRECTO               | DRS IN 12 Addition                            |
| E AE   | PD OSORIO, s 911 N.W PEMBRO        | OFFICERS A<br>MAGALY<br>. 209TH AVE.             | ent and 10 | ie if applicable. ECTORS | (NOTE: Á<br>ELETE    | 13. 1.1 TITLE 12 NAME 13 STREE 14 CITY- 21 TITLE 22 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 32 NAME  | ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP .   | ed when reinstating) DATE  | AND DIRECTO               | DRS IN 12 Addition                            |
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CITY-ST-ZEROZ TERMET REPORT OF 3000 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 skinature shall have the same legal effect as if made under ceth; 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90133 035 \*\*\*158.75

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