PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000031763

Corporation Name

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90121 028 ***150.00

A1 COU	HIER, CORP.						1 188111		AANIE BUIEN ABIER			
						1						
Principal Place	e of Business	Mailing Address	_				1 106/11	IGI 119 TATAT 1911 BASII	ADIK BAIN ABIRA	11101 11011 10010	Bridt int (Bd)	
7241 MIAMI LAI		7241 MIAMI LAKES DRIV	7241 MIAMI LAKES DRIVE							•		
#D-15 #D-15			_									
MIAMI FL 33014 MIAMI FL 33014							DO NOT WRITE IN THIS SPACE					
							3. Date Incom 04/06/19	porated or Qualife 998	đ			
2. Principal Place of Business 2a. Mailing Address				M - 1			4. FEI Numbe		- 41	- Ap	plied For	
21 8381	6 NW 68 St.	26 8386 NU	<u>v</u> (<u>ම</u>	21	۲.	65-6	<u> </u>	<u> </u>		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate	of Status Desired		\$8.75 _A		
22		27						·		Fee Re		
City & State	• — •	City & State						mpaign Financing	³ 🗆	\$5.00	- ,	
23 Mian	ni, Fl.	Zip Country						Contribution		Added to	o rees	
Zip	Country	29 33166°			SA			ration owes the cu	irrent year int	angible Yes	□No	
24 331	9. Name and Address of Current		30	$\overline{}$	عر	۲		roperty Tax. Address of New	Registered			
	9. Name and Address of Current	Registered Agent	_	81	Name		TO, Hame and	7,00,000 0, 1,00	Rogiotoro	, 194111		
VAR	ANESE, CLAUDIO											
7241 MIAMI LAKES DRIVE				82	Street	Addres	ddress (P.O. Box Number is Not Acceptable)					
#D-15				83								
MIAMI FL 33014												
				84	City				FL	85 Zip C	Code	
44 Durationt	to the provisions of Sections 607.0502	and 607 1508 Florida Stat	utes the	above	-named	cornor	ation submits th	is statement for th	e nurnose of	changing its	registered	
office or re	egistered agent, or both, in the State o	f Florida. Such change was	authoriz	zed by	the corp	oration'	s board of direc	tors. I hereby acc	ept the appoi	ntment as req	gistered	
agent. I ai	m familiar with, and accept the obligation	ons of, Section 607.0505, F	ionda Si	tatutes.								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO	TF: Registe	red Agen	t signature i	required w	men reinstating)	-	DATE			
12.	OFFICERS AND			3.		•		/CHANGES TO C	FFICERS AN	ID DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.	1 TITLE				_		Change	Addition	
NAME	VARANESE, CLAUDIO		1.3	2 NAME								
STREET ADDRESS	TO 44 AMAND LAUFO DONE OF 45			3 STREET	ADDRESS							
CITY-ST-ZIP	MIAMI FL 33014		1.4	4 CITY-ST	-ZIP							
TITLE	D	☐ DELETE	2.	1 TITLE	-					Change	☐ Addition	
NAME	RODRIGUEZ, FRANCISCO		2.3	2 NAME								
STREET ADDRESS	345 WEST 68TH STREET, #103	•	2.	3 STREET	ADDRESS			<u>5. 1</u>		. ·		
CITY-ST-ZIP	HIALEAH FL 33014		2.	4 CITY-S	T-ZIP							
TITLE		☐ DELETE	3.	1 TITLE		Se	cretoru			☐ Change	Addition	
NAME			3.2	2 NAME		Va	ranese,	Daniel				
STREET ADDRESS			3.	3 STREET	ADDRESS	83	86 NW	Canst	•		}	
CITY-ST-ZIP			3.	4. CITY-S	T-ZIP	m	iami, F	1. 3316	<u>ل</u>			
TITLE		☐ DELETE	4,	1 TITLE						☐ Change	☐ Addition	
NAME			4.	2 NAME								
STREET ADDRESS			4.	3 STREET	ADDRESS							
CITY-ST-ZIP			4.	4 CITY-ST	-ZIP			=				
TITLE		☐ DELETE		1 TITLE						☐ Change	☐ Addition	
NAME			5.	2 NAME								
STREET ADDRESS			5.	3 STREET	ADDRESS					•		
CITY-ST-ZIP				4 CITY-ST	r-ZIP							
TITLE		☐ DELETE		1 TITLE						Change	☐ Addition	
NAME				2 NAME								
STREET ADDRESS			6.	3 STREET	ADDRESS	}					}	
CITY-ST-ZIP			6.	4 CITY-S	Γ- ZIP							

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:

TECHNOROL NIATERNESE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR