PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS

May 19, 1999 8:00 am Secretary of State

05-19-1999 90023 002 *1,561.25

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Principal Place 4675 PONCE D SUITE 302 MIAMI FL 3314	E LEON BLVD.	Mailing 4675 PO SUITE 30 MIAMI FI	NCE DE LEON BLV 02 .	/D.		DO NOT WRITE IN THE		
2 Dringing D	lace of Business	2a. Mail	ing Address			04/02/1998 4xFELNumber - 0 2 0 6	Apr	olied For
21	acc of Dosinosa	26				65 0828396	Not	Applicable
Suite, Apt.	#, etc.	Suite	Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & Stat		27 City	& State			6. Election Campaign Financing	\$5.00	
23	_	28				Trust Fund Contribution	Added to	-
Zip	Country	Zip		Country 30	1	 This corporation owes the current year in Personal Property Tax. 	ntangible	□No
24	25	29		30		10. Name and Address of New Registered		
	9. Name and Address	OI CRUSIII KAĞISISISI	- Maire	81	Name			_
4675	en, R. Keith 5 Ponce de Leon			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	TE 302			83				
MIAI	MI FL 33146			84	City		85 Zip C	ode
					e-named cor	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	of changing its	registered jistered
office or r agent. I a SIGNATURE	registered agent, or both, the manufamiliar with, and accept to some state of the s	the obligations of, Secting the obligations of the	ion 607.0505, Flor	rida Statutes	e-named cor the corporat	poration submits this statement for the purpose of the statement for the state	of changing its i pintment as reg	
office or r agent. I a SIGNATURE	egistered agent, or both, the manufamiliar with, and accept to Signature, typed or printed name of re-	the State of Florida. Su the obligations of, Sect	able. (NOTE:	Registered Ager	e-named cor the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	of changing its i pintment as reg	
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14. I hereby certify that the information supplied with this fiting 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 as attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS