FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000034435

1. Corporation Name

Principal Place of Business	Mailing Address	
9741 SW 92 TERRACE MIAMI FL 33176	9741 SW 92 TERRACE MIAMI FL 33176	
Principal Place of Business	2a Mailing Address	
2. Principal Place of Business	2a. Mailing Address	
2. Principal Place of Business 21 Suite, Apt. #, etc.	<u> </u>	
21	26	
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90279 049 ***150.00



Principal Plac	e of Business	Mailing Address				i				
9741 SW 92 TE MIAMI FL 33170		9741 SW 92 TERRA MIAMI FL 33176	CE							
MIRMI IL GOLA	v	MINIMI I E 30170					DO NOT WR	ITE IN THIS	SPACE	
						3. Date Incor	porated or Qualifed			
						04/13/19	998			
2. Principal P	Place of Business	2a. Mailing Addres	s			4, FEI Numb	er		$\neg \Box$	Applied For
21		26				65-0	83 4432	-		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.			- 0.46.4	-6 Ctatus Desired		\$8.7	5 Additional
22		27				5. Certificate	of Status Desired		Fee	Required
City & Stat		Gity & State				6. Election C	ampaign Financing		 \$5:0	0 May Be
23		28				Trust Fund	I Contribution		Adde	d to Fees
Zip	Country	Zip	c	ountry		8. This corpo	ration owes the cur	rent year Inta	ngible	_
24	25	29	30			Personal F	Property Tax.		Yes	OK6.
•	9. Name and Address of Currer	nt Registered Agent	, ,			10. Name and	Address of New	Registered A	gent	
				81	Name					
	REA, VINCENT			82	Street A	ddress (P.O. Box Nu	mber is Not Accept	table)		-
	SW 92 TERRACE				15	ddress (P.O. Box Nu	W 85	TERR	<u>. </u>	
MIAN	WI FL 33176			83				•		
				84	City	AMI		FI	85 Z	p Code 27/02
44 Purcuant	to the provisions of Sections 607.050	12 and 607 1508 Florida	Statutes the	ahove	named o	pornoration submits th	is statement for the	e purpose of o	hanging	its registered
office or r	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida, Such change	was authoriz	zed by t	he corpo	ration's board of direc	tors. I hereby acce	pt the appoin	tment as	registered
SIGNATURE			, ,	ues:	111	Cent Con	coH	4/12/9	79	
SIGNATURE	Signature typed or printed name of registered age					quired when reinstating)		DATE		
12.	OFFICERS AN	ND DIRECTORS	1	3.		ADDITIONS	S/CHANGES TO OF	FFICERS ANI		
TITLE	D	☐ DEL	ETE 1.1	1 TITLE					Chang	je 🗌 Addition
NAME	CORREA, VINCENT		1.2	2 NAME						
STREET ADDRESS	9741 SW 92 TERRACE		1.3	1.3 STREET ADDRESS		15651 MIAM'I	SW 85	you.		
CITY-ST-ZIP	MIAMI FL 33176		1.4	4 CITY-ST	ZIP	MARIA		3.37	<i>13</i>	
TITLE		DEL	ETE 2.1			111111111111111111111111111111111111111				
NAME				1 TITLE		14 11. 111			Chang	e Addition
STREET ADDRESS			2.2	1 TITLE 2 NAME		14 11-114				e Addition
CITY-ST-ZIP	·				ADDRESS	<u>[4] [[7] [7] </u>				ie Addition
			2.3	2 NAME	i	pu promot				e Addition
TITLE -		□ DEL	2.3	2 NAME 3 STREET	i	134 11. 11.				
TITLE		☐ DEL	2.3 2.4 ETE 3.1	2 NAME 3 STREET 4 CITY-ST	i				Chang	
NAME		☐ DEL	2.3 2.4 ETE 3.1 3.2	2 NAME 3 STREET 4 4 CITY-ST 1 TITLE	-ZIP				Chang	
NAME STREET ADORESS		☐ DEL	2.3 2.4 ETE 3.1 3.2 3.3	2 NAME 3 STREET 4 CITY-S1 1 TITLE 2 NAME 3 STREET	-ZIP ADDRESS				Chang	
NAME STREET ADORESS CITY-ST-ZIP		□ DEL	2.3 2.2 ETE 3.1 3.2 3.3 3.4	2 NAME 3 STREET 6 4 CITY-S1 1 TITLE 2 NAME	-ZIP ADDRESS				Chang	ge Addition
NAME STREET ADORESS CITY-ST-ZIP TITLE			2.3 2.4 ETE 3.1 3.2 3.3 3.4 ETE 4.1	2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST	-ZIP ADDRESS				Chang	ge Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			233 2.1 ETE 3.1 32 33 34 ETE 4.1 4.3 4.4 ETE 5.1	2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 2 NAME 3 STREET	ADDRESS ADDRESS				☐ Chang	ge Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DEL	23 2. ETE 3.1 32 33 34 ETE 4.1 4.3 4.4 ETE 5.4	2 NAME 3 STREET. 4 CITY-ST 1 TITLE 2 NAME 3 STREET. 4 CITY-ST 1 TITLE 2 NAME 3 STREET. 4 CITY-ST 1 TITLE	ADDRESS -ZIP ADDRESS -ZIP				☐ Chang	ge Addition

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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Addition

Change