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**PROFIT** CORPORATION ANNUAL REPORT 1999



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FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## FILED Apr 30, 1999 8:00 am Secretary of State Katherine Harris Secretary of State 04-30-1999 90069 013 \*\*\*150.00

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Principal Place	e of Business	Mailing Address	*	E IMBETANTA UTA ENEMATUTA ARTON A	<b>Dali matin galah</b> ata <b>a</b> t milita ti	DER EREST REST SKRI
1000 BRICKELL	AVF	1000 BRICKELL AVE				
STE 650		STE 650				
MIAMI FL 33131 MIAMI FL 33131				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		ĺ
2 Principal D	lace of Business	2a. Mailing Address		04/17/1998 4. FEI Number		Applied For
7 /2 Q A C	SW 88 St.	26 13825 SW 8	8 st	65-0846656	<b>⊢</b>	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.74	Additional
22 #20		27 #200		5. Certifcate of Status Desired	Fee	Required
City & Stat		City & State	1 . 1	6. Election Campaign Financing		<b>0</b> Мау Ве
23 Miam			lovida	Trust Fund Contribution	Adde	d to Fees
Zip 331	86 25 USA	zip 33186 30	Country	8. This corporation owes the cur		
24 33 /			וייס וי	Personal Property Tax.  10. Name and Address of New I	Yes Agent	□No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New I	registered Agent	
MES	SA, MANUEL ARTHUR				•	
1000 BRICKELL AVE			82 Street A	ddress (P.O. Box Number is Not Accept	able)	
STE 650			83		***	
MIAI	MI FL 33131					
	•		84 City		FL 85 Zi	p Code (
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named co	orporation submits this statement for the ation's board of directors. I hereby acce		its registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was auth	orized by the corpor	ation's board of directors. I hereby acce	pt the appointment as	registered
agent. La	ım tamılıar with, and accept the oblidat	ions of, Section 607,0505, Florida	a Statutes.			
agent. I a	im familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes.		• • •	
agent. I a	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature req	uired when reinstating)	DATE	
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered agent	ions of, Section 607.0505, Florida and title if applicable. (NOTE: Re	egistered Agent signature req	uired when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIREC	FORS IN 12
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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:

SIGNATURE

SIGNATURE AND DEED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

Date

Date

Daytime Phone #