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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000037359

SANTOS HOTEL SLIPPLY COMPANY, INC.

## FILED Feb 04, 1999 8:00 am Secretary of State

02-04-1999 90002 043 \*\*\*150.00

وسرؤاز	ce of Business	Malling Address 9002 NW 105 WAY MIAMI FL 33178	·		3.	Date Incorpor 04/24/1994	DO NOT WRI	TE IN THIS			7
2 Principal P	Place of Business	2a. Malling Addre	ess		- 4	FEI Number	<u> </u>		I I A	polied For	┥.
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Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$8.75	Additional	7:
22		27			5.	Certificate of 5	Desired		Fee R	equired	
City & Stal	te	City & State				- Election Cem	paign.Financing		\$5,00	May 80	-]
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Zip	Country	Zip	_	untry	8.	This corporati	on owes the cur	ent year in		_	
24	25	29	30	· ·		Personal Prop			Yes	□No	4
	9, Name and Address of Curren	t Registered Agent		1041 -:		Name and A	ddress of New I	legistered	Agent		4
ian a	AC REGISTERED AGENTS, INC.	Company of the second		81 Nam	<b>18</b>						}
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11 Pursuant	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obligate	2 and 607,1508, Florid of Florida, Such chang- tions of, Section 607.0	la Statutes, the a le was authorize 505. Florida Sta	above-name ad by the con	ed corporation rporation's bo	n submits this s pard of director	statement for the s. I hereby accep	purpose of the appoi	changing its	registered egistered	- <del> </del>
11 Pursuant	Signature, typed or printed same of registered agent OFFICERS AN	tions or, Section 607.0	ÖlÖTÉ: Registere	HUTES. Id Agent signalur	a radiniaq mpari a	renstaling);	statement for the s. I hereby accept HANGES TO OF	DATE			(11/98)
11 Pursuant office of ragent, 1 a SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN PSTD COBO, JUAN A	tions of, Section 507.05 at and title if applicable. D DIRECTORS	©NOTE: Registere  # 13. LETE 1.11	NUTES.  Id Agent signatur	a radiniaq mpari a	renstaling);		DATE	ID DIRECTO	ORS IN 12	134 (11/98)
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4.1 I hereby certify that the information supplied with this filing does not qualify for the examption 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 ac attachment with an address, with all other like empowered.

SIGNATURE:

SEC 1250.

15 CATE RECTIATED NAME OF SIGNING OFFICER OF DIRECTOR

1-14-99

305-884-2581 Daytria Phone 8