PROFIT CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## . Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # PORODOGRAGO

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90019 034 \*\*\*150.00

1. Corporation Name							<u>~</u>					
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į.							3. Date Incorporated	or Qualifed				ĺ
							04/27/1998			<del>-1</del>		ĺ
	face of Business	2a, Mailing					4. FEI Number			<u> </u>	plied For	. :
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Suite, Apt.	#, etc.	$\vdash$	Apt. #, etc.				5. Certifcate of Statu	s Desired		\$8.75 / Fee Re		
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City & Stat	10	City &	olate				6. Election Campaig			Added t		
23	Country	28 Zip	<del></del>	Coun	itry		8. This corporation of		ot vear Intan			:
Zip	25	29	1	30	,		Personal Property			] Yes	x⊡no l	
24	9. Name and Address of Current			301			10. Name and Addre		egistered Ac	jent_		į
	g. Name with Addition of Contain			$\neg$	81 Name							ĺ
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AVE	NTURA FL 33180			ŀ	83							
1									——— <u> </u>	85 Zip (		
Į.	•				84 City					. 1		
11 Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligat	2 and 607.1508	, Florida Statut	es, the ab	ove-name	corpor	ration submits this state	ment for the p	surpose of ch	anging its	registered	ı
office or i	registered agent, or both, in the State of	of Florida, Such	i change was ai	uthorized rida Statu	by the con	poration	's board of directors.	hereby accept	. the appoints	nent as re	jistered .	
	im familiar with, and accept the obligat	ions or, section	1007.0000, 770	NO SIGN	toa.				03/15	5/99		ı
SIGNATURE	Signabite, typed or printed name of registered agent	and title if applicable	. (NOTE	Registered A	gent signature	required i	when reinstating)		DATE			ã
12.	OFFICERS AND			13.			ADDITIONS/CHAN	GES TO OFF				11/98
TITLE	PRESIDENT		DELETE	1.1 TTL	E	V	ICE PRESII	DENT	ı	Change	Addition ]	Ξ
NAME	ISMAEL GUILLEN	J		12 100		G	RACE GUILI	LEN			}	2
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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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CRY-ST-ZIP

STREET ADDRESS

03/15/99

(305)931-8717

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