PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

7. Corpo atto	MENT # P9800(IT NAMES POSITION INCKHOES SERVICE COM			
Principal Place	e of Business	Mailing Address		
7328 S.W. 42 S		7328 S.W. 42 STREET		
MIAMI FL 3315	5	MIAMI FL 33155		DO NOT WRITE IN THIS SPACE
				3. Date ncorporated or Qualified 04/28/1998
2 Principal P	lace of Business	Za. Mailing Address		4. FEI Number Anglied Fo
21		26		65-0844 503 Not Applica
Suite, /upt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additions
22		27	······	Fee Required
City & Stat		City & Stale		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	Trust Fund Contribution Added () Fees 8. This corporation owes the current year Intangible
	_ ′		30	Personal Property Tax.
	9. Name and Address of Curre	_ 		10. Name and Address of New Registered Agent
	A BLANCOCKE ID		81 Name	
			82 Street A	Address (P.O. Bo:: Number is Not Acceptable)
CARO, JUAN RENE JR. 1:3347 S.W. 36 STREET MIAMI FL 33175 11. Pursuent to the provisions of Sections 607 office or registered agent, or both, in the Sagent. 1 am familiar with, and accept the of				
CARO, JUAN RENE JR. 1:3347 S.W. 36 STREET MIAMI FL 33175 83 84 11. Pursus nt to the provisions of Suctions 607.0502 and 607.1508, Florida Statules, the above-n office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		83		
			84 City	85 Zip Code
				FL FL FL FL FL FL FL FL
SIGNATUFE	Signature, typed or printed ha ne of registered ag	erf and title if applicable (NOT 5:	Registered Agent signature re	oq irad when reinstating) DATE
12.		NO DIRECTORS	13.	ADDITK INSICHANGES TO OFFICERS , IND DIRECTOF:S IN 1 ☐ Change ☐ Ad
TITLE	PD Caro. Juan Rene Jr.	DELETE	1.1 TITLE	Country Character Characte
NAME	40047 OW OR STREET		12 NAME	
STREET ADDRESS	MIAMI FL 33175		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	STD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Ad
NAME	CARO, JUAN RENE SR.		2.2 NAME	
STREET ADDRESS	13347 S.W. 36 STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175		2.4 CITY-ST-ZIP	
TITLE		DELETE	3,1 TITLE	☐ Change ☐ Ad
NAME			3.2 NAME	
STREET ADDRE: 5			33 STREET ADDRESS	-
CITY-ST-Z/P			34 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Ad
NAME			4 2 NAME	
STREET ADDRESS			40 STREET ADDRESS	
CRY-ST-ZIP	}	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Ad
TITLE NAME		□ brreie	5.1 TILE 5.2 NAME	O Company Control
NAME STREET ADDRESS			5.3 STREET ADDRESS	
SIREEI ADURES S			54 CITY: ST-ZIP	

14. I hereby certify that the informatic is supplied with his filling does not qualify for the exemption stated in Section 119.07(S)(i). Florida Statutes. I further ce tify that the information indicates on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are 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.

6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRES:

TITLE

NAME

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90200 046 ***150.00

Change

Addition