

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STÂTE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000038986

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Principal Place	e of Business	Mailing Address	-		- 1 10827001 210 18102 18113 08113 01	THE COLOR DEFORESTED SPEED SPEED	IBICA BITI ING.	
5900 WEST 20TH AVENUE SUITE C 5900 WEST 20TH AVENUE SUITE C HIALEAH FL 33016					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 04/30/1998			Ìı
8 D4-4-4 D	to a d Division in	2a. Malling Address			4 FEI Number	An	plied For	[
<u> </u>	lace of Business	26			65-0831985	5   No	t Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	dditional	
22		27 City & State			8. Election Campaign Financing	\$5.00	Mary On	<u> </u>
City & State		28			Trust Fund Contribution	Added to		Ι.
Zip	Country	Zip	Country		8. This corporation owes the curr		<del>-</del>	1
24	25	<del>}</del>	30	3	Personal Property Tax.	Yes	No	١ '
24	9. Name and Address of Current	1 1.			10. Name and Address of New i	Registered Agent		] .
			81	Name	BINSON ME	N0021		
	VAS, ANDREW ESQ OS DADELAND BEVD-SLITTE 603		82		ss (P.O. Box Number is Not Accept			1.
MIAMI-FIT 33156			83	926 79-7CRR #8				{ `
1110-01	WITE 00100		63					:
-			84	City M/M	AMI BEACH	FL 85 Zip (		1
11. Pursuant	to the provision of Sections 607,0502 egistered egent, or both; in the State of m famillar with, and applyt the colligati	and 607,1508, Florida Statute	s, the above	-named corporation	vation submits this statement for the n's board of directors. I hereby acce	purpose of changing its pt the appointment as reg	registered gistered	!
agent. I a	m famillar with, and accept the obligati	ions of, Section 607.0505, Flori	da Statutes.	. ,	C P	4-10-99		
SIGNATURE	~ X\\/	, ROBINSON	) Mail	DOZA (	VICE- RESIDENT)	(L-11) - 7 V		
		7 2001100010	100				<u> </u>	۱ ـ
	Signature, typed or printed seme of equatores egeral	and title if applicable. (NOTE:	Registered Agen	signature required	when reinstalling)	DATE		<u> </u>
12.	Signature, typed or printed famil of legislare legislary open	Find title if applicable. (NOTE: D DIRECTORS	Registered Agen			DATE		11/98)
TITLE	Signature, typed or printed famil of equators equipment of equators	and title if applicable. (NOTE:	13.		when reinstalling)	DATE FICERS AND DIRECTO	RS IN 12	74 (11/98)
TITLE NAME	Signatura, typed or printed slimit of legislate groups OFFIGERS ONE DPS GUSTAVO, JOSE	O DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME	a signature required	when reinstalling)	DATE FICERS AND DIRECTO	RS IN 12	5034 (11/98)
TITLE NAME STREET ADDRESS	DPS GUSTAVO, JOSE 5900 WEST 20TH AVENUE SUM	O DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS	when reinstalling)	DATE FICERS AND DIRECTO	RS IN 12	32E034 (11/98)
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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 receipt or trusted 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 withyan address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

305 - 86127 25

Mar 25, 1999 8:00 am Secretary of State 03-25-1999 90034 014 \*\*\*150.00