## **PROFIT** CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT, OF STATE

## Katherine Harris

Secretary of State

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90150 030 \*\*\*150.00

	1999	•	ORPORATIONS		
1. Corporation	MENT # P98000				
Principal Place	a of Business	Mailing Address	<del></del>		ER LITTLE EDITE LONDO APLIA OPTA LIPOS
4726 SW 67 A		4726 SW 67 AVE			
#F11		#F11			
MIAME FL 3315	55	MIAMI FL 33155		DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified 05/01/1998	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 4702	SW 67 Lue #OZ	28 4702 SW	67Aue	# 65-083 6/97	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	mi FL	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	
24 33/3	5 25 U <b>£</b> A	29 33/55	30 USA	Personal Property Tax.	Yes Sho
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered	I Agent
EAD	MAC CILVANDODA		81 Name	Silvia Factos	
	MAS, SILVANDIRA		82 Street	Address (P.O. Box Number is Not Acceptable)	
	6 SW 67 AVE			702 S.W. 67 Are #0.	2
#F1	* <del>-</del>		83		
Metad	MI FL 33155		84 City		85 Zip Code
				fismi FI	L    33 <i>155</i>
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Fiorida Statutes	s, the above-named	corporation submits this statement for the purpose of pration's board of directors. I hereby accept the appoint	of changing its registered
office or i	registered agent, or both, in the State o am familiar with, and accept the obligat	ions of Sectler 692 0505. Finds	de Ctetrates	property of directors, thorough doors, the appearance	74.2110.11.20 10 <b>3</b> 1010.20
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	Silvia Pomas				
SIGNATURE	SIZUID FORMOS SIGNATURE, typed or printed name of registered agent	t and bith y applicable. (NOTE: F	tegistered Agent signature	TCTTTT  poulred when reinstating)  DATE	
SIGNATURE	SiLuis Your of registered open OFFICERS ANI	t and such / septicable. (NOTE F	tegletered Agent signature 13.	aguired when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	
SIGNATURE 12.	Sizuia YaniaA Topinture, typed or privated name of regulated appent OFFICERS ANI	t and bith y applicable. (NOTE: F	13.	equired when reinstatung)  ADDITIONS/CHANGES TO OFFICERS A	
SIGNATURE  12.  TITLE  NAME	SILUIA FONICA SERVINE, hypod of printed name of regularize appert OFFICERS ANI MPD FARIAS, SILVANDIRA A700 SILVAR ANE #E14	t and such / septicable. (NOTE F	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND STANDARD CONTROL OF THE STANDARD CONTROL OF	
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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 socurate and that my signature shall have the same legal effect as if made under certify 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. Floride Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a attachapting with an address, with all other like empowered.

SIGNATURE: