Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90191 043 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MARIATIONS IMPORTS & EXI										
Principal Plac	e of Business	Mailing Address				$\neg$	·				SIER IRII ERRE
13810 SW 112 STREET SUITE 106 13810 SW 112 STREET SUITE 10 MIAMI FL 33186 MAMI FL 33186								DO NOT W	VRITE IN TH	IS SPACE	
						[	3. Date Incorp	orated or Qualit	fed		
2. Principal Place of Business 21 8262 NW 58 57R687 26 SAMB							4. FEI Number Applied Fo				olied For Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired Fee Rec				
City & State City & State 28						- 1		mpaign Financii Contribution	ng 🗆	\$5.00 ( Added to	
Zip Country Zip (24 33/66 25 DADE 29 30				Country			8. This corporation owes the current year Intangible Personal Property Tax.				
	9. Name and Address of Current	Registered Agent		81	Name		0. Name and	Address of Ne	w Registere	d Agent	
DEPINERES, KATIA G 13810 SW 112 STREET SUITE 106 MIAMI FL 33186				82 83	Street	Address	(P.O. Box Nun	nber is Not Acce	eptable) C6 6 7	,	
				84	City	280M	I.		F	L 85 Zip C	186
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change wa	as author	ized by 1	-named	t corporati	on submits this	s statement for toors. I hereby ac	the purpose cept the app	of changing its of contract as reg	egistered istered
SIGNATURE	<u>×</u>							_	// \$/ '	99	
40	Signature, typed or printed name of registered agent OFFICERS AND			tered Ageni	signature n	required whe		CHANGES TO		AND DIRECTOR	RS IN 12
12.	D OFFICERS AINE	DELETE	_	1.1 TITLE	-	1	ADDITIONS	CHANGES TO	0111001007	Change	Addition
NAME	DEPINERES, KATIA G			.2 NAME						~ .	-,
STREET ADDRESS	13810 SW-112 STREET SUITE 106			1.3 STREET ADDRESS 🖇		826	2 NW	58 57A	66T	•	
CITY-ST-ZIP .	Y-ST-ZIP MIAMI-FL-33186			1.4 CITY-ST-ZIP			mz, Fl	33166			
TITLE		☐ DELETE	2	2.1 TITLE						Change	☐ Addition
NAME			2	2.2 NAME							
STREET ADDRESS			2	2.3 STREET	ADORESS	;			,		
CITY-ST-ZIP	2.			2. 4 CITY-ST-ZIP							
TITLE		☐ DELETE	: 3	3.1 TRILE						☐ Change	☐ Addition
NAME 3.2 M			3.2 NAME						•		
STREET ADDRESS 33 S			3.3 STREET ADDRESS		;					_	
CITY-ST-ZIP			3	3.4. CITY- \$1	-ZIP						
T/TI E		□ DELETE		L1 TITLE						☐ Change	☐ Addition

6.4 CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

□ DELETE

DELETE

☐ DELETE

305387-8154

CR2E034 (11/98)

Addition

☐ Addition

☐ Change

Change