	PROFIT- RPORATION		Katherin			TMENT OF STATE					o. Fil					
ANN	1999 Secretary of State Division of corporations									900	AV -19	Pi	1 :	32		
1. Corporation	MENT # P9	8000040	840						į	LL,		Y C.	ST FLC	ATE RIDA		
7466 SOUTHM	ce of Business FEST 48TH STREET	7466	ing Address SOUTHWEST 48TH S	TREET		•										
MIAMI FL 331:	35	WIAN	II FL 33155				-	·			NOT W		THIS :	SPACE		
 .					_		1	05	5/06/11	398	or Qualife	d				
2. Principal F	Incipel Place of Business Ze. Malling Address Ze. Malling Address Ze.							4. FE	L Number	- 08	33	290	>		Applied Not Ap	d For plicable
Suite, Apt	Apt. #, etc. Suite, Apt. #, etc.										Desired			\$8.75		ional
	City & State City & State						,		ection Ca		Financin	, 0		\$5.0	O May	Be
Zip	Country		Up I	Co.	intry			8. Thi	is corpor	≡tion ov	es the cu	rrent ye		ngible		
<u></u>	9. Name and Address	of Current Regists		30}			1		rsonal P		s of New	Regist		Yes gent		10
COF	ALMERIA AVENUE RAL GABLES FL 33134	e 607 0502 and 607	1800 Florida Cantala		83 84	City							FĻ	1	p Code	
	to the provisions of Section registered agent, or both, in an familiar with, and accept	the State of Florida. the obligations of, S	.1506, Florida Statute Such change was au ection 607.0505, Flori	is, the a ithorizac ida Stati	bove by tules.	-named o	corporati ration's	on sut board	of direct	s statem iors I he	ent for the reby sec	epithe i	se of c sppoint	hanging : Iment as	its negii registe	stered red
SIGNATURE	Signature, typed or photoc name of r				Ageni	signature re	quired who					BA*			·	
12. Title	PID	ICERS AND DIRECT	DELETE	13. 11T	n F			ADD	DITIONS	CHANG	ES TO O	FFICER	SANE	DIRECT		N 12 Addition
NAME	OMACHONU, VINCENT K 7468 SOUTHWEST 48TH STREET													C) 4-2-4		J. 44444.
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33155	MI SINCLI			MEET. Ty-St-	ADDRESS ZIP										
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STRET ADDRESS

CTY. 51-20

14. I hereby certify that the information supplied with this filing does not your indicated on this annual report or supplemental annual report is true and accurate and with indicated on this annual report or supplemental annual report is true and accurate and with indicated or the corporation or the receiver or trustee empowered to execute this report as in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered SIGNATURE:

SIGNATURE:

SIGNATURE AND EVPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ith this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the Information is annual report is true and securate and that my signature shall have the same legal effect as if made under oath; that I am an alrever or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in chment with an address, with all other like empowered.

63 STREET ADDRESS

STREET ADDRESS

4/29/99

305-666-8331