PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000042884 1. Corporation Name

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90029 031 ***150.00

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Principal Place 7975 N.W. 1541		Mailing Address 7975 N.W. 154T SUITE 400										
SUITE 400 SUITE 400 SUITE 400 MIAMI LAKES FL 33016 MIAMI LAKES FL 33016						DO NOT WRITE IN THIS SPACE						
							 Date Incorporated of 05/12/1998 	or Qualifed				'
2. Principal P	face of Business	2a. Mailing Add	dress				4. FEI Number			<u> </u>	plied For	١,
21		26					65-087	1921 <u>5</u>			t Applicable	
Suite, Apt.	#, etc.	Sulte, Apt.	#, etc.			1 :	5. Certifcate of Status	Desired			Additional aquired	ll
22 City & Stat	les	27 City & Stat	-	·;		 -	6. Election Campaign	Financino			May Be	ļ
23		28					-Trust Fund Contrib				to Fees	ļ
Zip	Country	Zip		Countr	<u>y</u>		8. This corporation ov	res the currer	t year Intar	gible		٠
24	25	29	3	10			Personal Property			Yes	□No	
	9. Name and Address of Curren	nt Registered Agen	<u>t</u>			1	9. Name and Address	s of New Re	gistered A	gent		1
HOD	OKIN. PETER M			61	Name							
	inin, peter w 1 West Commercial Blvd., Si	UITE 4100		82	Street A	\ddress	(P.O. Box Number is I	Not Acceptab	e)			١.
1	IT LAUDERDALE FL 33309	511C 7100		83	 							H
	IT ENOUGHDAGE I'E GOOD			٦	'l							Н
{				84	City				FL	85 Zip	Code	ļļ
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	2 and 807.1508, Flo	orida Statutes	s, the abov	re-named c	corporat	ion submits this staten	ent for the p	irpose of c	anging its	registered	ľ
office or r	registered agent, or both, in the State	of Florida, Such cha	inge was aut	horized by	the corpor	ration's	board of directors. I he	ereby accept	the appoint	ment as re	gistered	1 1
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(an ranna mar, and accept the conge	itions of Section 60									!	
SIGNATURE	Signature, typed or printed name of registered ager	rst and tide if applicable.		legistered Age	S. est signature rec		en reinstating)		DATE			í
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	rit and tide if applicable.	(NOTE: F	tegistered Age					DATE CERS AND			11/08)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered inger OFFICERS AN	rit and tide if applicable.		13.	ent algnature rec		en reinstating)		DATE CERS AND	DIRECTO	ORS IN 12	(4-(4-1/08)
SIGNATURE 12. TITLE NAME	Signature, typed or primed name of registered rigor OFFICERS AN D MIJARES, ANTHONY JR	rt and title if applicable. #D DIRECTORS	(NOTE: F	13. 1.1 TITLE 1.2 NAME	est signature rec		en reinstating)		DATE CERS AND	DIRECTO	ORS IN 12	503/1/11/081
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or primed name of registered regerence of FFICERS AN D MIJARES, ANTHONY JR 7975 N.W. 154TH STREET, SU	rt and title if applicable. #D DIRECTORS	(NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ent algneture rec		en reinstating)		DATE CERS AND	DIRECTO	ORS IN 12	D7E034-(11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or primed name of registered regerence of FFICERS AN D MIJARES, ANTHONY JR 7975 N.W. 154TH STREET, SU MIAMI LAKES FL 33016	rt and tide if applicable. ID DIRECTORS	(NOTE: F	13. 1.1 TITLE 1.2 NAME	ent algneture rec		en reinstating)		DATE CERS AND	DIRECTO	ORS IN 12	-C026034-(11/08)
SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZP TILE	Signature, typed or primed name of registered regerence of FFICERS AN D MIJARES, ANTHONY JR 7975 N.W. 154TH STREET, SU MIAMI LAKES FL 33016	rt and tide if applicable. ID DIRECTORS	(NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ent algneture rec		en reinstating)		DATE CERS AND	DIRECTO	DRS IN 12	CD2E034 (11/08)
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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 ap-pittachment with an address, with all other like empowered.