PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90096 023 ***150.00

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Principal Place o	of Business	Mailing Address							
10300 SW 142 ST	•	10300 SW 142 ST. MIAMI FL 33176							
MIAMI FL 33176		MUMMI FL 33170			DO NOT WRIT	E IN THIS	SPACE		1
					3. Date Incorporated or Qualifed			•	i
					05/18/1998	- , 1	TAN	lied For	i
2, Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 65 - 08 46 4	74	— — · ·	Applicable	i
Suite, Apt. #,	atr	Suite, Apt. #, etc.					\$8.75 A		i
22	, 610.	27			5. Certificate of Status Desired		Fee Rec	puired	i
City & State		City & State			6. Election Campaign Financing		\$5.00		i
23		28			Trust Fund Contribution		Added to	Fees	į
Zip	Country	Zip	Country	 	This corporation owes the cum Personal Property Tax.	ent year int		⊡No	
24	9. Name and Address of Curren	<u> </u>	10		10, Name and Address of New F	tegistered			l
	g, Hanne and Address of Correct	t regional rigons	81	Name					í
TAYLO	or, Joseph H		82	Street Addr	ess (P.O. Box Number is Not Accepta	ible)	· ! <u>-</u>		l
10300 SW 142 ST.				Spect Addi					ı
MIAMI	FL 33176		83						,
			84	City		FL	85 Zip C	ebo	i
		O LOCATOR Elected	- the energy	a named com	exation cubmits this statement for the		changing its	registered	i
11. Pursuant to office or reg	ithe provisions of Sections 607.050 pistered agent, or both, in the State	of Florida, Such change was aut	horized by	the corporation	oration submits this statement for the on's board of directors. I hereby accept	t the appoi	ntment as reg	istered	i
agent. I am	tamiliar with, and accept the boliga	tions of, Section 607.0505, Fioni	Da Statutes	i.		73 -2	28-90	ì	}
SIGNATURE	JOSEP N T gnature, typed or printed name of registered ager	t and title if applicable. (NOTE: F	Agistered Age:	nt signature require	d when reinstating)	DATE			<u>@</u>
12.	OFFICERS AN	D DIRECTORS	13.	·	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR Change	Addition	Ĕ
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect of the corporation or the receiver or trustee empowered to excurate and that my name appears in Block 12 or Block 13 if changed, or once attachment with an address, with all other like empowered.

SIGNATURE