PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF SCATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90049 016 ***150.00

DOCUI 1. Corporation FIN-LON		0046180				21860 212 0 1 16720	2 4211	
	<u>.</u>							
Principal Place	of Business	Malling Address			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
3899 NW 7TH ST, STE 203 3899 NW 7TH ST, STE 203 MIAMI FL 33126 MIAMI FL 33126								
MIAMI FL 33126)	MIRMI PL 33120			DO NOT WRITE IN THIS	SPACE		
					3. Date incorporated or Qualifed			
					05/21/1998			4
	lace of Business	2a. Mailing Address			4. FEI Number 840239	 	plied For t Applicable	1
21 Suits Ast	# etc	Suite, Apt. #, etc.		,	02-0370 657	\$8.75 A		1
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	Fee Re		
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	1
23	28				Trust Fund Contribution	Added to	o Faes	-
Zip	Country Zlp		Countr	у	8. This corporation owes the current year Intang big			1
24	25	29	30		Personal Property Tax. 10. Name and Address of New Registered		□No	┨
	9. Name and Address of Curre	nt Registered Agent	8.	Name	19. Name and Address of New Registered	With the same of t		1
RALC	CAZAR, CARLOS		Ľ					4
3899 NW 7TH ST, STE 203			8:	Street Add	ress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33126			B:	<u> </u>				1
<u> </u>			Ļ	<u> </u>		[ε5] Ζίρ C		┨
ł			84	1	FL	_ `		İ
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statul	es, the above	e-named con	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	changing its	registered	1
office of re agent, Iss	egistered agent, or both, in the State in familier with, and accept the obliga	e of Florida. Such change was a atlons of, Section 607.0505, Flo	iutnorized by inda Statute	/ the corporati s.	lon's board of directors. I hereby accept the appo	HINTERN TOP 149	patered	
SIGNATURE								l
	Signature, typed or printed name of registered age			srit signature require	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTO	DS IN 12	ĺ
TITLE	PDST OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	1 :
NAME	BALCAZAR, CARLOS		1.2 NAME				ļ	1
STREET ADDRESS:	3899 NW 7TH ST, STE 203		1.3 STREE	T ADDRESS			ļ	lè
CITY-ST-ZIP	MIAMI FL 33126	•	1.4 CITY-	ST-ZIP				1 8
TILE		☐ DELETE	2.1 TTLE			Change	Advition	1
NAME			2.2 NAME	j				1
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2.4CTY	ST-ZP		 Change	- Addition	1
TITLE		_ DELETE_	3.1 TITLE		·	cilange	Addition	1
NAME			3.2 NAME					
STREET ADDRESS			3.4 CITY-	T ADDRESS	_		-	-
TITLE		☐ DELETE	4.1 TITLE	31-21		Change	Addition	1
NAME			4, 2 NAME	:				
STREET ADDRESS			4 3 STREE	T ADDRESS			1	1
CITY-ST-:3P			4.4 CTTY-	ST-ZIP				
TITLE	:	☐ DELETE	5.1 TITLE			Change	Addition	1
NAME			5.2 NAME	1.				l
STREET ADDRESS				TADDRESS				
CITY-ST-/JP			5.4 CITY-1	ST-ZIP		☐ Change	Addition	1
TITLE		☐ DELETE	6.1 IIILE 6.2 NAME	ļ	•		C) whitely	1
NAME				T ADDRESS	•		ļ	
STREET ADDRESS			6.4 CITY-		•		İ	
CITY-ST-JP	1 .		S. T CA . 1 - 1	-· j				J

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3X).) Florida Statutes. I further certify that the information incicated 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 orth; 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED FORE OF SIGNAG OFFICER OR DIRECTOR

Date

Date

Date

Date

Description

Desc

......

i.