SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000046687

FILED Aug 03, 1999 8:00 am Secretary of State

08-03-1999 90004 006 ***550.00

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Principal Plac	ce of Business	Mailing Address			. I Beriebbi ien imin i Arist Daris abitit beitit biblit bibli bitin kilot botti föör	1001
1840 W. 49TH ST., STE. #605 1840 W. 49TH ST., STE. #605						
HIALEAH FL 33012 HIALEAH FL 33012					DO NOT MIDITE IN THIS COASE	
ļ					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					05/21/1998	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied Fi	Of
21 26					(25-0849070 Not Applic	
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.			S8.75 Addition	
22		27			5. Certificate of Status Desired Fee Required	
City & Stat	te	City & State			6. Election Campaign Financing \$5.00 May Be	6
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	itry	8. This corporation owes the current year	7
24	25	29	30		Intangible Personal Property. Yes No	
	9. Name and Address of Curre	nt Registered Agent	-		10. Name and Address of New Registered Agent	
VALE	DES, JUAN			81 Name		
) W. 49TH ST., STE. #605			82 Street	Address (P.O. Box Number is Not Acceptable)	
	EAH FL 33012					
, , , , , , , , , , , , , , , , , , ,	ENTE GOOLE			83	-	
1				84 City	85 Zip Code	\neg
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11. Pursuant office or	it to the provisions of sections 607.05 registered agent, or both, in the Stat	02 and 607.1508, Florida Stati e of Florida. Such change wa	utes, the abo s authorized	ve-named c by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	1
agent. I	am familiar with, and accept the obli	gations of, section 607.0505,	Florida Stat	ites.		
SIGNATURE						-
	Signature, typed or printed name of registered ag	ent and title if applicable.			ure required when reinstating) DATE	
12	OFFICERS A			an whom sihuara		12
12.	TO 200 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
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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 attactiment with an address.

SIGNATURE:

P870086