PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90128 021 ***150.00

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 Corporation 	MENT # P9800 LE CORPORATION	00048040)						
Principal Place	e of Business	Mailing Addr	955			CARROLE IN THE PRINT LEGIS	****** ****** *****		4.610.6610.1641
1116 N.E. 158TH ST. 1116 N.E. 158TH N MIAMI BEACH FL 30152 N MIAMI BEACH						00 NO	r WRITE IN TH	S SPACE	
						ate incorporated or Qu	alifed		
2 Principal Pr	tace of Business	Za. Maiting A	ddress	•		5/29/1998 El Number		TÃD	pied For
	ace of Educations	26			6	5-0839	7101	No	t Applicable
Suite, Art.	#, etc.	Suite, Apl	l. #, etc.		5. C	ertifc; te of Status Desi	ired	\$8.75	
<u> </u>		27	 -	-, ,,				Fee Re	
City & State		City & Sta	ate	20.2.		ection Campaign Final		\$5.00 Added t	
Zip	County	Zip		Country		nis corporation owes th			
7	[25]	29	ſ	30		erson al Property Tax.		☐ Yes _	E No
	9. Name and Address of Cur	rent Registered Age			10. N	ame and Address of	New Registere	I Agent	
L/ALI	IE IOCE W			81 Name	,				
VALLE, JOSE M 1116 N.E. 158TH ST.					Address (P.O.	. Box Number is Not A	cceptable)		
	IAMI BEACH FL 33162			83					
	22,000								
				84 City			F	85 Zip (
I. Pursuant office or r agent. I a	to the provisions of Sections 60/ registered agent, or bot 1, in the Starm familiar with the accept the ob-	0502 and 607.1508, F ate of Florida. Such ch ligatichs of, Section 60	iorida Statuta nange was au 07.0505, Fiori	s, the above-named thorized by the corpida Statules.	corporation su poration's board	ubmits this statement f d of directors. I hereby	or the purpose of accept the appoint	Introduction of the control of the c	registered girlered
BIGNATURI:	Signature, typey opphysid name of registered	D502 and 607.1508, F ste of Florida. Such of ggatic ns of, Section 60 agent and title if applicable. AND DIRECTORS		is, the above-named thorized by the corpida Statutes. Registered Agent signature 13.	radin ed when teks		DATE	-3-79	R3 IN 12
BIGNATURI:	Signature, types outposed name of regulared ()FFICERS	agent and title if apparable. AND DIRECTORS		Registered Agent signature 13. 1.1 TITLE	radin ed when teks	taling)	DATE	-3-79	<u> </u>
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SIGNATURE: _

SIGNATURE AND TYPE OF HITED NAME OF SIGNING OFFICER OR DIRECTOR