PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90103 016 ***150.00

1. Corporation	MENT # P98000 CORPORATION	051841					(08) (08) (18 (184) (09) (09)		3 78 3 1 (1 93 2) (3 1)(1	1)111 (111) 1)111 (111)
										
Principal Place	e of Business	Mailing Address				,	(astradi itā jātai raiti sar	() (64161 41841 18111	
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MIAMI FI 33129	₹.	MIAMI EL 33129					DO NOT V	VRITE IN THIS	SPACE	
					3.	. Date I	ncorporated or Quali			
	-					06/04	4/1998			
2. Principal P	lace of Business	2a. Mailing Addres	is 7	<u> </u>	4	FELNI		Call		plied For
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City & State	6	City & State 28 MiQmi.	FL		6		on Campaign Financ Fund Contribution	ing 🖂	\$5.00 Added	
23 / / /	Country	Zip Zip		Country		-	orporation owes the	current year in		1.1
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24 7 2 1	9. Name and Address of Curren		30		10		and Address of No	w Registered		
		<u> </u>		81 Name	13/2	9510		odai (
BLAS	SINI, RODRIGO			82 Street	Address (x Number is Not Acc	entable) -		
1865	5 BRICKELL AVE., STE. A-702			4	67	<u>ي ک</u>	W 75	five		
MAIM	MI FL 33129			83	' /					
				84 City	11.	A			85 Zing	Code g
					10/11	m	<u> </u>	FL	وحرا ا	2/1/
11. Pursuant	to the provisions of Sections 607.050 egistered agent or both, in the State of familia with and accept the Misa	2 and 607.1508, Florid	Statutes, the	ne above-named	corporation's h	on subm	its this statement for directors. I hereby a	the purpose of ccept the appo	changing its intment as re	registered gistered
office or r	edistered agent, or both, in the State	or Florida, Such Chang	e was auuioi	nzeu by the corp	Olation 5 b	Journ of	andotors. I horoby a	occhr are appe		J
agent. ا	on familial with sond accept the obliga-	tions of, Section 607.05	505, Florida s	Statutes.						
agent. I a	X WILLOUTY									
SIGNATURE	Signature typed or printed name of registered agent	nt and title if applicable.	(NOTE: Regis	stered Agent signature		reinstating)	DATE	·	
SIGNATURE	Signature typed or printed name of registered agen OFFICERS AN	nt and title if applicable. ID DIRECTORS	(NOTE Regis	stered Agent signature	required when	reinstating		DATE	·	
SIGNATURE 12. TITLE	Signature typed or printed name of registered agen OFFICERS AN	nt and title if applicable.	(NOTE Regis	stered Agent signature of 13.	required when	reinstating ADDITI	ONS/CHANGES TO	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME	Signature typed or printed name of registered agen OFFICERS AN P BLASINIA, RODRIGO	nt and title if applicable. D DIRECTORS	(NOTE Regis	13. 11 TITLE 1.2 NAME	P BLAS	ADDITI	ons/changes to	DATE	ND DIRECTO	DRS IN 12
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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 chapter, or on an attachment with an address, with all other like empowered.

SIGNATURE: