FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90088 004 ***150.00

i. Corporatio	MEN I # P98000 W TRANSITIONS, INC.)052075			
Principal Plac	e of Business	Mailing Address			<u> </u>
7113 COLLINS		7113 COLLINS AVENUE			
MIAMI BEACH		MIAMI BEACH FL 33141			
				DO NOT WRITE IN TI	HIS SPACE
				3. Date Incorporated or Qualifed	
				06/10/1998	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number 7 15 46	Applied For Not Applicable
21 Suite, Apt.	# oto	Suite, Apt. #, etc.		63 00 110 TC	\$8.75 Additional
— · · · · ·	#, etc.	⊢ '''		5. Certificate of Status Desired	Fee Required
City & Stat	to .	City & State		6. Election Campaign Financing	\$5.00 May Be
— ·		28		- Trust Fund Contribution	
23 Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 3	¬ '	Personal Property Tax.	☐Yes ☐No
1	9. Name and Address of Curre			10. Name and Address of New Register	ed Agent
			81 Name		
	RRIOS, VICTORIA		82 Street	Address (P.O. Box Number is Not Acceptable)	
7113 COLLINS AVENUE			52 5000	,,	
MIA	MI BEACH FL 33141		83		
			9.4 City		85 Zin Code
office or i	registered agent, or both, in the State	of Florida. Such change was auth	horized by the corpo	corporation submits this statement for the purpose	85 Zip Code e of changing its registered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga-	e of Florida. Such change was autrations of, Section 607.0505, Florid	, the above-named horized by the corporal Statutes.	corporation submits this statement for the purpose oration's board of directors. I hereby accept the appearance of the purpose oration's board of directors. I hereby accept the appearance of the purpose or the purpose or	e of changing its registered as registered
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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 comporation 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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CiTY-ST-ZiP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FFICER OR DIRECTOR

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