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## 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

## DOCUMENT # P98000056772

1. Corporation Name

W N IMEY CODDODATION

W.N. IME	X CURPURATION							
Principal Place	of Business	Mailing Address	<u> </u>			Mitte Matta 19911 41	5Q10 (101 100)	
14211 S.W. 88 STREET       14211 S.W. 88 STREET         APT. E 306       APT. E 306         MIAMI FL 33186       MIAMI FL 33186					DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 06/25/1998			
2. Principal Pl	ace of Business	2a. Mailing Address 26 Pc Box 8	3198	36	4. FEI Number 59-3549527	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Rec		
City & State	9	City & State  28 MIAMI	FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to	, ,	
Zip	Country 25	Zip 29 33283 - 1 986 3	Countr	y J S A	<ol> <li>This corporation owes the current year in Personal Property Tax.</li> </ol>		□No	
	g. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registered	Agent		
AI OI	NSO, MARTA R		8	1 Name				
14211 S.W. 88 STREET			82	Street	Street Address (P.O. Box Number is Not Acceptable)			
APT. E 306			8:	3				
MIAMI FL 33186			84	4 City		85 Zip C	ode	
				1	<u>Fl</u>	_   _	<u> </u>	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	norized b	y ine corp	d corporation submits this statement for the purpose o poration's board of directors. I hereby accept the appora-	f changing its i intment as reg	registered pistered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE 6	Registered Apr	ent signature	required when reinstating) DATE			
12.	OSSIGERO AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	OFFICERS AND DIRECTORS 13				☐ Change	☐ Addition	
NAME	ALONSO, MARTA R		12 NAME					
STREET ADDRESS	14211 S.W. 88 STREET		1.3 STRE	ET ADORESS	s			
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP					
TITLE	☐ DELETE		2.1 TITLE -		D/5-1	Change	Addition	
NAME			2.2 NAME		JOHOUNO MATORIA		}	
STREET ADDRESS			2.3 STREET ADDRESS		JOAQUIN MAYORAL 14211 SW 88 ST. MIAMI FL 33186			
CITY-ST-ZIP				-ST-ZIP	MIAMI PL 3318	Change	Addition	
TITLE		☐ DELETE	3.1 TITLE			□ Criange	☐ Addition	
NAME			3.2 NAME				Ì	
STREET ADDRESS				ET ADDRESS	S			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-			Change	Addition	
TITLE		□ oercie	4.1 TITLE			□35		
NAME			4. 2 NAMI				Ì	
STREET ADDRESS			4.3 STRE	ET ADDRESS	>			

CITY-ST-ZIP 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 pame appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Change

Change

Addition

Addition