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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOOM

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90016 043 ***150.00

 Corporatio 	INC.	0037217					
1 '	ce of Business	Mailing Address					
2122 SW 67TH AVE. 2122 SW 67TH AVE. SHITE A OFFICE #3							
SUITE A OFFICE #3 MIAMI FL 33155 SUITE A OFFICE #3 MIAMI FL 33155				DO NOT WRITE IN THIS SPACE			
WINT	33	MIDAMI I E 00100			3. Date Incorporated or Qualif		·
					06/26/1998	•	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	20	Applied For
21 26				65-08522	89	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional	
27					Fee	Required	
City & Stat	te	City & State			 Election Campaign Financin Trust Fund Contribution 		00 May Be led to Fees
Zip	Country	Zip	Country		8. This corporation owes the c	urrent year Intangible	
24	25		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of Nev	w Registered Agent	
НΔΙ	ugland, maria h		81	Name	`		
2122 SW 67TH AVE.			82	Street Add	Address (P.O. Box Number is Not Acceptable)		
	TE A OFFICE #3		83		·	Ý	-cross v.
MIA	MI FL 33155			Oit.		last :	7in Codo
			84	City		FL 85 2	Zip Code
3	ann tonimor that, and doopt are con-	gations of, Section 607.0505, Flori	ida Statutes.	•	* •		g its registered s registered
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE:	Registered Agen	•	ed when reinstating) ADDITIONS/CHANGES TO (DATE	
SIGNATURE	Signature, typed or printed name of registered as	_	ida Statutes.	•	ed when reinstating) ADDITIONS/CHANGES TO 0	DATE	CTORS IN 12
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE:	Registered Agen	•		DATE DEFICERS AND DIREC	CTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered at OFFICERS A PSTD HAUGLAND, MARIA H	gent and title if applicable. (NOTE:	Registered Agen 13. 1.1 TITLE	ot signature require		DATE DEFICERS AND DIREC	CTORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS A PSTD HAUGLAND, MARIA H 2122 SW 67TH AVE. MIAMI FL 33155	gent and title if applicable. (NOTE:	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET	It signature require		DATE DEFICERS AND DIREC	CTORS IN 12 nge
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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 attachment with an agricess, with all other tike empowered.

SIGNATURE: