FILED

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90179 048 ***150.00

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 # P98000059087

1. Corporation Name

| Principal Plac 12881 SW 61ST MIAMI FL 33183 | r st | Mailing Address 12881 SW 61ST ST MIAMI FL 33183 | · | DO NOT WRITE IN 1 | |
|--|---|---|--|---|----------------------------|
| | | | | 07/02/1998 | |
| 2. Principal Place of Business 2a. Mailing Address | | | | 4. FEI Number 65-0859516 | Applied For Not Applicable |
| 26 Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | \$8.75 Additional | |
| 22 27 | | | 5. Certificate of Status Desired | Fee Required | |
| City & State City & State | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation owes the current year | r Intangible |
| 24 | 25 | 29 | 30 | Personal Property Tax. | Yes XNo |
| | 9. Name and Address of Curre | ent Registered Agent | | 10. Name and Address of New Registe | red Agent |
| 040 | OL 100F B | | 81 Name | • | |
| GARCIA, JOSE R | | | 82 Street Ad | dress (P.O. Box Number is Not Acceptable) | |
| 12881 SW 61ST ST MIAMI FL 33183 | | | 83 | | |
| 1111/16 | III 1 F 00 100 | | 63 | | |
| | | | 84 City | | FL 85 Zip Code |
| office or r agent. I a SIGNATURE | im familiar with, and accept the oblig | gations of, Section 607.0505, Flori gent and title if applicable. (NOTE: | da Statutes. Registered Agent signature requ | | E |
| 12. | | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICER | Change Addition |
| TITLE | D& President | DELETE | 1,1 TITLE | | |
| ! | HSERN, 108E-R GARCI 12881 SW 61ST ST | IA, BODE R. | 1.2 NAME 1.3 STREET ADDRESS | | Ì |
| STREET ADDRESS | MIAMI FL 33183 | | 1.4 CITY-ST-ZIP | | } |
| CITY-ST-ZIP | MINIMI FE 33103 | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME |) | | 2.2 NAME | | _ |
| STREET ADDRESS | ł | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | • | 2. 4 CITY-ST-ZIP | | · |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | <u> </u> | | 3.2 NAME | | |
| STREET ADDRESS | 15 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | } | | 4. 2 NAME | | 1 |
| STREET ADDRESS | ļ | | 4.3 STREET ADDRESS | | ļ |
| CITY-ST-ZiP | , | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | <u> </u> - | | 5.2 NAME | | |
| CTREET ADDRESS | .[| | 5.3 STREET ADDRESS | | 1 |

CITY-ST-ZIP. 5 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 address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

REQUIRED ED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition