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

FILED May 07, 1999 8:00 am Secretary of State 05-07-1999 90137 001 ***150.00

DCUMENT # P98000060048

	13 IN A DUX DI NINA, INC							
	e of Business	Mailing Address						
SW 173F FL 3315		11509 SW 173RD ST MIAMI FL 33157						
					DO NOT WRITE IN THIS SPACE			l
					3. Date Incorporated or Qualifed 07/06/1998			i
incipal Place of Business						A LAT AD	plied For	;
151	9 SW 1735t.	26 11509	5 h) /435t	applied	المسابقين المرا	t Applicable	i
rite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75 A	*	
*****	·····	27			5. OBTINDALE OF STATUS DESIRED	Fee Re		
ty & State- Munii Glorido 28 Mismi			ni S	lorida	6. Election Campaign Financing Trust Fund Contribution	55.00 Added to		
33	157 [25] Country	29 3315°	7 _[30] co	untry	This corporation owes the curre Personal Property Tax.	· _•	Æ gNg	
	9. Name and Address of Current	Registered Agent		104	10. Name and Address of New R	egistered Agent		i
GON	IZALEZ, YOLANDA			81 Name	plando Dri	Good		;
11509 SW 173RD ST				82 Street Add	ress (P.O. Box Number is Not Accepta	3 Sheer	4	
MAM	AI FL 33157			83		<u> </u>		i
				20		0x 2in C		
					imi	FL 85 경영		
ffice or re	agistered agent, or both, in the State of premiliar with, and accept the obligation of the state	ons of, Section 607,9505,	as authorize Florida Sta	ed by the corporati	poration submits this statement for the on's board of directors. I hereby accept the directors of the direct	t the appointment as reg	gistered	ء ا
	OFFICERS AND	DIRECTORS	13		ADDITIONS/CHANGES TO OFF			ğ
}	D _h	C) DELETE	1.51	ULTE		Change	Addition	3
}	GONZALEZ, YOLANDA 11509 SW 173RD ST			VAME				6
ADDRESS	MIAMI FL 33157			STREET ADDRESS CITY-ST-ZIP				์ ม
I-ZIP	0	☐ DELETE		MILE		☐ Change	☐ Addition	5
	PACHECO, MARINA		2.21	NAME				
ADDRESS	11509 SW 173RD ST		2.3 5	STREET ADDRESS				
T-ZIP	MIAMI FL 33157			CITY-ST-ZIP				
		☐ DELETE	1	rme		Change	Addition	
***************************************			1	NAME STREET ADDRESS				
ADDRESS T-ZIP				CITY-ST-ZIP				
		☐ DELETE		TITLE		Change	Addition	;
			4.2	NAME				
ADDRESS			4.3 9	STREET ADDRESS			1	
T-ZIP		Marien		CITY-ST-ZIP		☐ Change	Addition	
		☐ DELETE		ITTLE {		□ Citalige	7 Norman	
ADORESS				STREET ADDRESS				
r-zip			5.40	CITY-ST-ZIP				
		DELETE	6.17	me		☐ Change	☐ Additio	
}			. 1	NAME				
ADDRESS			6,3 9	STREET ADDRESS				

hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information dicated 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 slock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SNATURE:

305-253-Daytime Phone #