**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

	MENT # P98000 NCHEZ PUBLIC RELATIONS							
Principal Place of Business Mailing Address						HIN BUILD HOOF BYIER :	HINDE HIS INDS	
6541 SNAPPER		6541 SNAPPER CREEK DRIV	E		•	•		
MIAMI FL 33143 MIAMI FL 33143					DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualifed			
					07/13/1996			
2. Principal P	Principal Place of Business     2a. Mailing Address				7	SO API	otled`For ~~ ``	
26					1. FEI Number 65-6858		Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A		
22		27				Fee Rec		
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to		
3 28 Zip Country Zip Zip			Country		-8-This corporation owes the current year Intangible			
24	25	_ ` _	100		Personal Property Tax.		□No	
<u> </u>	9. Name and Address of Curren				10. Name and Address of New Registere	d Agent		
			1	81 Name	ANCHEZ ANA M.		:	
AMERILAWYER			1	32 Street Add	ILESS TO O' DOX LIQUIDES IS LACK MOTERING!	ره		
343 ALMERIA AVENUE CORAL GABLES FL 33134			6541		Snapper Ciela Dur			
COH	AL GABLES PL 33134		ľ	83	• •	•		
			)	84 City . 29	1 . i.i.i.	85 Zip C	ode	
43 =		O 4 COZ 4500 El-vido Chabdon	the ob	// nvo named co	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its	registered	
SIGNATURE	Signature typhed of physical famile of registered age	m marri	$-\infty$	ncuel	ms when releasing) , DATE ADDITIONS/CHANGES TO OFFICERS	<u>:</u>		
12.	PSD OFFICERS AN	DELETE	1.1 πη			Change	Addition	
NAME	SANCHEZ, ANA M	<del>-</del>	1.2 NA					
STREET ADDRESS	AT A ALLEDONO OPPOSE GOVERN		1.3 STR	EET ADORESS				
CITY-ST-ZIP	MIAMI FL 33143		1.4 CIT	(-ST-ZIP	·			
TITLE	. TD	☐ DELETE	2.1 1170	ε "		☐ Change	Addition	
NAME	FARACH, TELVA		22 NA				, <del>,_</del>	
STREET ADDRESS	6541 SNAPPER CREEK DRIVE			EET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33143	☐ DELETE	_	Y-ST-ZEP		Change	☐ Addition	
TITLE		□ ntrese	3.1 TITI 3.2 NAA					
NAME	, ·		1	EET ADORESS		•		
STREET ADDRESS				Y-ST-ZIP	•		_ '	
CITY-ST-ZIP		DELETE	4.1 1111			Change	Addition	
NAME			4.2 NA	ME		•		
STREET ADDRESS			43 STR	EET ADDRESS				
CITY-ST-ZIP			4.4 CIT	-ST-ZIP		<u>.</u>		
TITLE		☐ DELETÉ	5.1 TM	II	·	Change	☐ Addition	
NAME			5.2 NAA			• .		
STREET ADDRESS				EET ADORESS	,	-		
CITY-ST-ZIP		☐ DELETE	5.4 CHY 6.1 TITL			Change	Addition	
TITLE		□ nerese	62 NA	1		ر.		
NAME				EET ADDRESS	•			
STREET ADDRESS	1			ST-ZIP			1	
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 logal 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.

**FILED** 

Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90026 019 \*\*\*150.00