PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000062189

May 06, 1999 8:00 am Secretary of State

05-06-1999 90153 021 ***150.00

Corporation	n Name				į daras ir d			
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Principal Place	e of Business	Mailing Address						
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					3. Date Incorporated or Qualifed	S SPACE		1
					07/15/1998			l
a Dringing Di	tace of Business	2a. Mailing Address		· · · · · · ·	4. FEI Number	TA	pplied For	1
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Şulle, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75	Additional]
22]		27			-5; Certificate of Status Desired -	Fee R	equired	[
City & State	8	City & State			6. Election Campaign Financing		May Be	_
23		28			Trust Fund Contribution	Added	to Fees	ļ
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year I			l
24	25		30		Personal Property Tax.	☐ Yes	□No	}
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registers	d Agent		1
· ~	A CDUT 1180 E 10							1
DE LA CRUZ, L'UIS F JR 241 SEVILLA AVENUE SUITE 805				82 Street Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES FL 33134				83				1
CON	MC GRBLES I E 00104		•	• • • • • • • • • • • • • • • • • • •				1
				84 City	F	85 Zip	Code	ŀ
24 Shimurah	to the combines of Sections 607 0507	and 607 1508 Elorida Statido	s the al	bove-named com			registered	1
office or n	egistered agent, or both, in the State of	of Florida. Such change was at	ithorized	by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as r	egistered	
	m tamiliar with, and accept the congar	oris or, section opriosos, rich	NO VIEW	orea.				ł
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent signature required				<u> 6</u>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12	₽
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14. 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 of 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 recaisance treates 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 of an attachment with an address, with all other like empowered.

8.4 CATY-ST-ZIP

SIGNATURE:

SIGNING OFFICER OR DIRECTOR