FILE NOW: FILING SE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000063162

1. Corporation Name

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90007 028 ***150.00

	CORPORATION	. Mailing Address			
212 SW 20TH ROAD 212 SW 20TH ROAD MIAMI FL 33129 MIAMI FL 33129					
Marian 1 C VOICO				DO NOT WRITE IN TH	IS SPACE
ļ				3. Date Incorporated or Qualifed	
			,	07/16/1998	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26				65-0850919	Not Applicable
Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 27 City & State City & State			 	a Florida Consolus Financia	\$5.00 May Be
City & Stat		— <u> </u>	•	6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country		Country	This corporation owes the current year	
24	25		30	Personal Property Tax.	∐Yes ⊠No
	9. Name and Address of Cui			10. Name and Address of New Register	ed Agent
VIII 1000		- <u> </u>	81 Name		
ZULUETA, IGNACIO G			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
6255 BIRD ROAD			July Street Add	ress (1.0. box Hambor to Hot Hosephable)	
MIAI	MI FL 33155		83		
\$			84 City	<u> </u>	85 Zip Code
			City	F	EL
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505, Florid	da Statutes. Registered Agent signature requir	ion's board of directors. I hereby accept the ap	
12.		DELETE	13.	ADDITIONS/CHANGES TO CITICENS	Change Addition
NAME	D Zulueta, jorge a	perere	1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
	MIAMI FL 33129		1.4 CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI FL 33129	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	'		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	 . .		4. 2 NAME		
STREET ADDRESS	,		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		•	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	;		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ł

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 appear of the corporation of the receiver or trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE: =

CITY-ST-ZIP