## 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 # P98000063670

1. Corporation Name

## **FILED** May 03, 1999 8:00 am Secretary of State

05-03-1999 90116 008 \*\*\*150.00

Principal Place 22180 ENSENAL BOCA RATON I	DA WAY	Mailing Address  22180 ENSENADA WAY BOCA RATON FL 33433			·	3. Date I	DO Noncorporated or 6/1998	OT WRITE			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI N	umber				Applied For
21		26				6	50850	<u> 399</u>	<u>,                                    </u>		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifo	ate of Status D	esired ·			Additional Required
City & Stat	10 million - Thingson	City & State				6 Flection	n Campaign Fi	nancing			0 May Be
23		28				1	Fund Contribution	_			d to Fees
Zip	Country	Zip	Count	try		8. This c	orporation owes	s the currer	nt year Inte	angible	
24	. 25	29	30			Perso	nal Property Ta	x.		☐ Yes	<b>⊠</b> No
	9. Name and Address of Currer	nt Registered Agent				10. Name	and Address	of New Re	gistered	Agent	
			8	B1   1	Name						•
	ICIA, FERNANDO T M.D.		8	B2 3	Street A	ddress (P.O. Bo	x Number is No	t Acceptab	ie)		
	BO ENSENADA WAY CA RATON FL 33433		-								
DUC	W ÉWION LE 20402		{	83							
			ε	84 (	City				FL	85 Zi	p Code
l office or n	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such change was a	luthorized t	by the	named corpora	orporation submation's board of	its this statemer directors. I here	nt for the posts	urpose of the appoir	changing ntment as	registered
office or nagent. I a SIGNATURE	registered agent, or both, in the State rm familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AN	of Florida. Such change was a ations of, Section 607.0505, Florint and title if applicable. (NOTE ND DIRECTORS	: Registered A	by the	ie corpor	ation's board of	directors, i nere	eby accept	DATE	D DIREC	TORS IN 12
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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.

SIGNATURE: