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 # P98000064151

1. Corporation Name

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90040 027 ***150.00

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Principal Place	of Business	Mailing Address					1 10051084 110 30161 10111 08131 00111 PAIST 608	IM BYTTA AIRST 11901	Anna itat inat
1945 SW 25 TERRACE 1945 SW 25 TERRACE						- {			
MIAMI FL 33133 MIAMI FL 33133							DO NOT WRITE IN THIS SPACE		
						-	3. Date Incorporated or Qualifed	S SPACE	
						l	-: · · · · · · · · · · · · · · · · · · ·	•	Į
		S Mallian Address					07/21/1998 4. FEI Number		plied For
2. Principal Place of Business 2a. Mailing Address							650854617	 	t Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							630937077	\$8.75 A	
							5. Certifcate of Status Desired	Fee Re	
22 27 City & State City & State							6. Election Campaign Financing	\$5.00	
¬ ···, ·· · · · · · · · · · · · · · · ·							Trust Fund Contribution	Added t	
23 28 Zip Country Zip			Col	Country			8. This corporation owes the current year I	ntangible	
24	25	29	30	-			Personal Property Tax.	∐ Yes	□No
24]	9. Name and Address of C			Τ			10. Name and Address of New Registere	đ Agent	
				81	Name				
SEVILLA, VILMA				82	Street	Addros	ss (P.O. Box Number is Not Acceptable)		
1945 SW 25 TERRACE				02	Sileet	Addies	S (F.O. DOX Number is Not Acceptable)		·
MIAMI FL 33133				83					
				Ļ.		_		. 85 Zip (Code :
				84	City		o o o o o o o o o o o o o o o o o o o		····
office or re agent. I ar	adictored agent of both in the S	bligations of, Section 607.0505, I	Florida Stat	tutes	e corpe	Olanon	ation submits this statement for the purpose is board of directors. I hereby accept the appointment of the purpose when reinstating)	Outment as re	gistered
		S AND DIRECTORS	13.	- 190			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 T	ITLE		Ţ		Change	Addition
NAME	SEVILLA, VILMA		1.2 N	AME				,	Ì
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STREET ADDRESS			6.3 5	TREE	T ADDRESS				}
CITY OF 7ID			640	TY-S	T-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 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: Z