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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000064577

## FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90017 050 \*\*\*150.00

Principal Plac 13265 SW 131 MIAMI FL 33180	STREET	Mailing Address 13265 SW 131 STREET MIAMI FL 33186				DO NOT WRITE IN THI  3. Date Incorporated or Qualifed  07/22/1998			
2 Principal Place of Business 2a Mailing Address						4 FEI Number			
2. Principal Place of Business 2a. Mailing Ad			watess			W- as 21 33 Not Applicable			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 Additional			
22	•	27				5. Certificate of Status Desired Fee Required			
City & Stat	le	City & State				6. Election Campaign Financing	\$5.	<b>00</b> May Be	
23		28				Trust Fund Contribution	Add	ed to Fees	
Zip	Country	Zip		untry		8. This corporation owes the current year l		-/	
24	25	29	30			Personal Property Tax.	☐ Yes	Mo	
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registere	Ayent		
NUNEZ, DOMINGO 13265 SW 131 STREET MIAMI FL 33186				82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
				84	City	F	85	Zip Code	
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered as OFFICERS A	ent and title if applicable (NOTE  ND DIRECTORS  DELETE	13		signature requi	nred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRE		
NAME	NUNEZ, DOMINGO			1.2 NAME					
STREET ADDRESS	4000F OW 404 OTDEET				ADDRESS				
CITY-ST-ZIP	MIAMI FL 33186			CITY-S1	1				
TITLE		C) DELETE	2.1 TITLE				Chai	nge 🔲 Addition	
NAME			2.2	NAME					
STREET ADDRESS			2.3	STREET	ADDRESS				
CITY-ST-ZIP			2.4	CITY-S	T-ZIP				
TITLE		☐ DELETE	3.1	TITLE			Chai	nge 🗌 Addition	
NAME			3.2	NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-S	T-ZIP		☐ Chai	nge	
TITLE		☐ DELETE	•	TITLE	j			ige Linding	
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	<u> </u>	DELETE		CITY-S'	-ZIP		Chai	nge Addition	
TITLE		r1 oereie	- 1	NAME			ی در	J	
NAME			1		ADDRESS				
STREET ADDRESS	,			CITY-S					
_CITY: ST-ZIP		DELETE	— . · · ·	TITLE			☐ Cha	nge Addition	
TITLE		C) Dettell		NAME					
NAME STREET ADDRESS			1	_					
	i i		6.3	STREET	ADDRESS				

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: £