PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90117 029 ***150.00

1. Corporation	MEN I # P9800 INO CORP	JUU04048						
Principal Place	e of Business	Mailing Address			"	######################################	4 BBI BEIIS EIII FIÐIS	Marie
8262 NW 103RI		8262 NW 103RD ST.	20016					
HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016					DO NOT WRITE IN THIS SPACE			
						ncorporated or Qualifed 3/1998		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI No	_		Applied For
21		26			<u> </u>	<u>5-0849 52</u>		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-,			ate of Status Desired	1 1	5 Additional e Required
22		27				ر مراجع المساور والمساور والم		
~~~ City & Stat	le	City & State			1 '	n Campaign Financing rund Contribution		00 May Be ted to Fees
Zip	Country	Zíp	Cour	itry		orporation owes the curre	·	
24	25	29	30	•	l l	al Property Tax.	Yes	Ľ€No
	9. Name and Address of Cur					and Address of New Ro	egistered Agent	
	IEZ BODOLEO			81 Name				
	NEZ, RODOLFO			82 Street	Address (P.O. Bo)	Number is Not Acceptat	ole)	
8262 NW 103RD ST.								
HIALEAH GARDENS FL 33016				83				
				84 City			85	Zip Code
:	<del> </del>							
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob	ate of Florida. Such change was	authonzed	by the corp	corporation submi oration's board of	ts this statement for the p directors. I hereby accept	the appointment a	g its registered is registered
SIGNATURE	Podolfo N	_			required when reinstation		1/15/99	<del></del>
	Signature, typed or printed name of registered	Spent and title if applicable. (NO	TE; Registered		required when reinstating)	ONS/CHANGES TO OFF	I/IS/99 ICERS AND DIRE	CTORS IN 12
SIGNATURE  12.  TITLE		_		Agent signature i	ADDITIO	ONS/CHANGES TO OFF	☐ Chai	nge 🗹 Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS	egent and title if applicable. (NO AND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA	Agent signature i E ME REET ADDRESS Y-ST-ZIP	ADDITIO	,	□chai leet. Fl. 330 lb:	nge 📝 Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE	OFFICERS	agent and little if applicable. (NO AND DIRECTORS  DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST - 2.4 CIT 3.1 TIT 3.2 NA 3.3 ST 3.4. CIT 4.1 TIT	Agent signature in Agent signature in Agent signature in Agent Address Y-ST-ZIP  E ME  REET ADDRESS Y-ST-ZIP  AGE  REET ADORESS Y-ST-ZIP  E AGE  REET ADORESS	ADDITIO	MUNEZ W. 103 M STE GALDENS F	□ Chai Eeet. Fl. 330 16- □ Chai	nge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS	agent and title if applicable. (NO AND DIRECTORS  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST - 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 NV	Agent signature in the	ADDITION (P) RODOIFO 8262 M. HIA GAH	NUNEZ W. 103 M STL GALDENS F	□ Chai	nge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS	agent and title if applicable. (NO AND DIRECTORS  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST - 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 NV 4.3 ST	Agent signature in the control of th	ADDITION (P) RODOIFO 8262 M. HIA GAH	MUNEZ W. 103 M STE GALDENS F	□ Chai	nge Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECTOR

1/15/99

(305)826-1114