03-09-1999 90112 030 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State 1999 DIVISION OF CORPORATIONS

DOCUMENT # P98000067375

CORPORATE 400 SERVICES, INC.

Principal Place of Business	
7490 MIAMI LAKES DR., APT.	A-108
MIAMI LAKES FL 33014	

2. Principal Place of Business

Mailing Address

2a. Mailing Address

7490 MIAMI LAKES DR., APT. A-108 MIAMI LAKES FL 33014

Applied For

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

4. FEI Number 65-0855627

07/29/1998

21		20					40.75		
Suite, Apt. 1	i. #, etc. Suite, Apt. #, etc.			5. Certifcate of Status Desir		Sa.75 Additional Fee Required			
City & State)	City & 5	State		-	6. Election Campaign Financing Trust Fund Contribution	\$5:00 N Added to		
Zip	Country	Zip		Country		8. This corporation owes the current	year Intangible		
24	25	29	3	10		Personal Property Tax.	Yes [No	
	9. Name and Address of Curre	nt Registered Ag	gent			10. Name and Address of New Reg	stered Agent		
				81	Name			}	
SEGURA, GERMAN 7490 MIAMI LAKES DR., APT. A-108 MIAMI LAKES FL 33014				92	92 Street Address (B.O. Boy Number is Not Acceptable)				
				82 Street Address (P.O. Box Number is Not Acceptable)					
				83				-	
									
				84	City		FL 85 Zip Co	ode	
dd Dwwwaat	to the provisions of Sections 607.05	02 and 607 1509	Elorida Statutes	the above	-named corn	oration submits this statement for the pur	pose of changing its re	egistered	
office or ri	egistered agent or both in the State	of Florida, Such	change was aut	honzed by	tne corporatio	on's board of directors. I hereby accept the	e appointment as regi	stered	
agent. I ar	m familiar with, and accept the oblig	ations of, Section	607.0505, Florid	da Statutes					
SIGNATURE							DATE		
	Signature, typed or printed name of registered age				t signature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC		S IN 12	
12.		ND DIRECTORS	DELETÉ	13.		ADDITIONS/CHANGES TO OFFIC	Change	Addition	
TITLE	DP OFFINAN		□ OELETE						
NAME	SEGURA, GERMAN			1.2 NAM€					
STREET ADDRESS	7490 MIAMI LAKES DR., APT.	A-108		1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI LAKES FL 33014			1.4 CITY-S	T-ZIP				
TITLE			☐ DELETE	2.1 TITLE			☐ Change	☐ 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			Change	Addition	
NAME				3.2 NAME	İ				
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4. CITY- S	T-ZIP				
TITLE			DELETE	4.1 TITLE			☐ Change	Addition	
NAME				4 2 NAME					
STREET ADDRESS				4.3 STREE	ADDRESS				
CITY-ST-ZIP				4.4 CITY-S					
TITLE			☐ DELETE	5.1 TITLE	, <u>-</u> , ,	<u> </u>	☐ Change	☐ Addition	
NAME				5.2 NAME				}	
				5.3 STREET	ADDRESS			ļ	
STREET ADDRESS				5.4 CITY-S					
CITY-ST-ZIP			□ DELETE	6.1 TITLE	-		☐ Change	Addition	
TITLE			ال المداد	6.2 NAME					
NAME					ADDDCCC				
STREET ADDRESS				6.3 STREE					
CITY-ST-ZIP				6.4 CITY-S		Parties 440 07(2)(i) Florido Statutos I 6	TO 1 100 11 THE LOCAL		

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