FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90035 006 ***150.00

PROFIT

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATION

•	1999	DIVISION OF CO	ORPORATIONS	
DOCUI	MENT # P98000	0068827		1 (CONTROL HA ERRO) (COLO CONTO DONIC BANK RATIF RELET FRIET LONG HAND ITEM AND
Principal Place	e of Business	Mailing Address		
4638 N.W. 97TH		782 NW LE JEUNE RD.		
MIAMI FL 33178	3 ·	SUITE 434 Miami FL 33126		DO NOT WRITE IN THIS SPACE
				3. Date incorporated or Qualifed
	<u></u>			08/06/1998
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number Applied For Not Applied For Not Applied For
21	4	Suite, Apt. #, etc.		\$8.75 Additional
Suite, Apt.	F, etc.	27		5. Certificate of Status Desired Fee Required
City & State	9	City & State	`	6 Election Campaign Financing \$5.00 May Be
23	·	28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. Myes No
24	25		<u> </u>	Personal Property Tax. Ayes INO 10, Name and Address of New Registered Agent
<u> </u>	9. Name and Address of Curre	их кедівтеге Адепт	81 Name	(A) 110min and Literature of the same and th
LOPI	EZ, QANTONIO R CPA		20 5: 1344	ress (P.O. Box Number is Not Acceptable)
782 NW LE JEUNE ROAD			82 Street Add	ress (P.O. Box Number is Not Acceptable)
SUITE 434 Mami Fl 33126			83	
MAN	di FL 33126		84 City	a. 85 Zip Code
			11'	FL 63 25 6355
11, Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Florida Statutes of Florida, Such change was aut	s, the above-named corp horized by the corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	jations of, Section 607.0505, Florid	da Statutes.	
SIGNATURE	Signature, typed or printed name of registered as	INOTE: R	tegistered Agent signature require	ad when reinstaking) DATE
12,		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1,1 TITLE	
NAME	DOS SANTOS, FABIO		1.2 NAME	}
STREET ADDRESS	4638 NW 97TH PLACE		1.3 STREET ADDRESS	
CTTY-ST-ZIP	MIAMI FL 33178		1.4 CTY-ST-ZIP	☐ Change ☐ Addition
TITLE !	VO	☐ DELETE	21 TTTLÉ 22 NAME	Original Programme
NAME	ROTERMUND, CARLOS A		23 STREET ADDRESS	
STREET ADDRESS	4638 NW 97TH PLACE MIAMI FL 33178		2.4 CITY-ST-ZIP	
CITY-ST-ZIP	MIMMI FL 33170	☐ DELETE	3,1 TITLE	☐ Change ☐ Addition
NAME		_ ,	3.2 NAME	
_STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			34. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addition
TITLE NAME			52 NAME	
STREET ADDRESS		,	5.3 STREET ADDRESS	1.
CITY-ST-ZIP			5,4 CITY-ST-ZIP	
TILE		☐ DELETE	&1 TILE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS		_	6.3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>		64 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes, I further certify that the Information
14 ihereby	certify that the information supplied '	with this tiling goes not quality for t	THE REPORTED HER STREET HER	controls 1 to of Califf I them comment a total and a second and a

14. I hereby certify that the Information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, 4 turner certify that the Information indicated or this annual report of supplemental annual report is true abd accurate and that my signature shall have the same legal effect as if made under outh; that I am an officer or director of the corporation or life 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 of or a trachment with an address with all other like empowered.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DESECTOR

UNE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR OF CORRECTOR OF OR DIRECTOR OR DIRECTOR OF OR DIRECTOR OF OR DIRECTOR OF OR DIRECTOR OF OR DIRECTOR OR DIRECTOR OF OR DIRECTOR OR DIRECTO

<u>4/23/99</u>

305-448-3323