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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90129 017 ***150.00

DOCUI 1. Corporation SUEDO,		0069002		
Principal Place	e of Business	Mailing Address		\$ 10011001 III 10160 10011 60111 00111 00110 0110
3610 S.W. 1287		3610 S.W. 128TH AVE		
MIAMI FL 33175	5	MIAMI FL 33175		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				08/03/1998
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-085700/ Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		\$8.75 Additional
22	<u> </u>	27		5. Certificate of Status Desired Fee Required
City & Stat	te	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.
24	25	29 30	<u> </u>	Personal Property Tax. LJ Yes ANO 10. Name and Address of New Registered Agent
	9. Name and Address of Curre	int Registered Agent	81 Nar	
CON	IYERS, SUE A			
	S.W. 128TH AVE		82 Stre	eet Address (P.O. Box Number is Not Acceptable)
MAIM	AI FL 33175		83	
			<u> </u>	
			84 City	FL 85 Zip Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was auth	norized by the co	ed corporation submits this statement for the purpose of changing its registered or
-	index land land	Wels		3-30-99
SIGNATURE	Signature, typed or printed name of registered ag	Mand title if applicable. (NOTE: Re	egistered Agent signat	3-30-99
SIGNATURE	Signature, typed or printed name of registered ag	A and title if applicable. (NOTE: Re	egistered Agent signat	3-30-99
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ago OFFICERS A	Mand title if applicable. (NOTE: Re	egistered Agent signat	3-30-99
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A	A and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	3-30-99
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ago OFFICERS A PD CONYERS, SUE A 3610 S.W. 128TH AVE	A and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRI	3-30-99
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A PD CONYERS, SUE A 3610 S.W. 128TH AVE MIAMI FL 33175	A and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRI 1.4 CITY-ST-ZIP	3-30-99 ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered as OFFICERS A PD CONYERS, SUE A 3610 S.W. 128TH AVE MIAMI FL 33175 STD	of and title if applicable. (NOTE: Re ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRI	3-30-99 ure required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change 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:

3-30-99 305-92-8127