PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State

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incipal Plac	e of Business	Mailing Address			I I BRITANI I TAN I DENI I DAN	Målti bitti miter s	Îtrit artii atria	11 448 HAT FE R T
OO SW BTH		3400 SW 8TH STREET						
IAMI FL 33135 MIAMI FL 33135					DO NOT W	RITE IN THIS	SPACE	
					3. Date incorporated or Qualif			
					08/12/1998		•	
Principal P	face of Business	2a. Mailing Address			4 CCI Number	04	·	plied For
,		26			59-18462	<u> </u>		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	. 🗆	\$8.75 A	
		27					\$5.00	
City & Stat	te	City & State			Election Campaign Financia Trust Fund Contribution	g 🗆	Added t	
Zio	Country	Zip	Countr	v	8. This corporation owes the c	urrent year int		
Zip	25	29	'	(176) 4	Personal Property Tax:			□No
	9. Name and Address of Curi				10. Name and Address of New			
			81	Name				
MANAS, JUAN 3400 SW 8TH STREET			82	Street Ad	Idress (P.O. Box Number is Not Acce	ptable)		
MIA	MI FL 33135		83	3		_		
			B4	City		FL	85 Zip C	Code
		See and See also See also See also	1 11 2 2 2 2 2				changing its	registered
	ronictored agent of both in the Sta	ite of Florida. Such change was aut	horized by	/e-named co	stion's board of directors. I hereby ac	cept the appoi	ntment as rec	gistered
agent. I a	am familiar with, and accept the obli	igations bi, Section 607.0505, Flore	a Statuto		rporation submits this statement for tition's board of directors. I hereby ac	_	ntment as req	gistered
ageni. I a IGNATURE	Signature, typed or printed name of registared	agent and title if applicable. (NOTE: R	Registered Age		alred when reunstasting)	DATE		
agent. I a	Signature, typed or printed name of registered of OFFICERS	agaments bit, Sacrioth 607.0303, Florid agent and bitle if applicable. (NOTE: R AND DIRECTORS	tegistered Age			DATE		
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

305 June 0555