## **PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P98000077593 1. Corporation Name

MONDES	Sir, estime-thompson & .	ALEXIS, P.A	le .								/
Principal Play	ce of Business	Mailing Ad	dress				- (1997) (1997) (1997) (1997) (1997)	<b>15</b> 14 <b>14</b> 10 1 <b>1</b> 50 1			
		209 N.E. 95T									
#S-1		<b>#</b> \$-1									
MIAMI SHORES FL 33138		MIAMI SHORES FL 33138					DO NOT WRITE IN THIS SPACE				1
							3. Date Incorporated or Qualifed			i	
O Designation	Name of Divisions	2- Mailian	Address				09/08/1998 4. FEI Number		I-An	plied For	ł
<b>-</b> ¬ `	Place of Business		Muulesa					33		t Applicable	1
21 Suite, Apt.	# etc	26 Suite. A	pt. #, etc.						8.75 A		
22		27	<b>F</b> · · · <b>·</b> · · · · ·			ı	5. Certificate of Status Desired	<u> </u>	Fee Re		١
City & Sta	te	City.&	State		مداحر ومحرر		6. Election Campaign Financing		\$5.00.	May Be	L
23		28				~	Trust Fund Contribution		Added to	o Fees	[
Zīp	Country	Zip		Cour	itry		8. This corporation owes the curre			_	
24	25	29		30			Personal Property Tax.			□No	
<u> </u>	9. Name and Address of Curren	t Registered Ap	gent		81 Name		10. Name and Address of New Re	gistered Age	ent		
ESTI	WE-THOMPSON, MARIE				Name						
	N.E. 95TH STREET			[	82 Street	Addres	ss (P.O. Box Number is Not Acceptat	ile)			
#S-1				}	83						l
	II SHORES FL 33138			Ĺ							
•				ſ	84 City			FI S	35 Zip C	Code	
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508.	Florida Statut	es, the ab	ove-named	corpor	ration submits this statement for the p	urpose of cha	nging its	registered	
								the executed	ant an IRI	cistered	
office or	registered agent, or both, in the State	of Florida, Such	change was a	uthorized	by the comp	poration	's board of directors. I hereby accept	tue abbouran	BILL DO 10F		
agent. I a	registered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such tions of, Section	change was a 607.0505, Flo	uthorized rida Statu	by the comp tes.	oration	's board of directors. I hereby accept	tue abbouran	ent 99 • 05	,	
office or agent. I s	registered agent, or both, in the State or femiliar with, and accept the obligate states of registered agents.	of Florida, Such tions of, Section	607.0505, Flo	rida Statu	tes.	orauon	des reinstating)	OATE			
agent. I a	registered agent, or both, in the State or familiar with, and accept the obligated agents of registered agents.	of Florida, Such tions of, Section	607.0505, Flo	: Registered /	les.	orauon	s poard of directors. Thereby stocept	OATE	DIRECTO	RS IN 12	
agent, I a	registered agent, or both, in the State of him familiar with, and accept the obligate states, typed or printed name of registered agent OFFICERS AN	of Florida, Such tions of, Section It and the if applicable	607.0505, Flo	Registered /	les.	orauon	des reinstating)	OATE			
SIGNATURE  12 TITLE NAME	registered agent, or both, in the State of the familiar with, and accept the obligate states, typed or printed name of registered agent OFFICERS AN ESTIME-THOMPSON, MARIE	of Florida, Such tions of, Section It and the if applicable	607.0505, Flo	Registered / 13.	by the corp les.	required w	des reinstating)	OATE	DIRECTO	RS IN 12	
SIGNATURE  12	registered agent, or both, in the State of the familiar with, and accept the obligated agent of the obligated agen	of Florida, Such tions of, Section It and the if applicable	607.0505, Flo	Registered / 13. 1.1 TITE 1.3 STE	LE REET ADDRESS	required w	des reinstating)	OATE	DIRECTO	RS IN 12	
SIGNATURE  12 TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of the familiar with, and accept the obligate states, typed or printed name of registered agent OFFICERS AN ESTIME-THOMPSON, MARIE	of Florida, Such tions of, Section It and the if applicable	Change was a 607.0505, Flo	13. 1.1 TITE 1.2 NAI 1.4 CIT	E AE EEET ADDRESS	required w	des reinstating)	CATE DEERS AND E	DIRECTO! Change	RS IN 12	
SIGNATURE  12 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of the familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AN DESTIME-THOMPSON, MARIE 209 N.E. 95TH STREET, S-1 MIAMI FL 33138	of Florida, Such tions of, Section It and the if applicable	607.0505, Flo	Registered / 13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI	E AEET ADDRESS	required w	des reinstating)	CATE DEERS AND E	DIRECTO	RS IN 12	
SIGNATURE  12 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME	pegistered agent, or both, in the State of the familiar with, and accept the obligate of the o	of Florida, Such tions of, Section It and the if applicable	Change was a 607.0505, Flo	13. 1.1 TITE 1.2 NAI 1.4 CIT 2.1 TITE 2.2 NAI	E E E E E E E E E E E E E E E E E E E	required w	des reinstating)	CATE DEERS AND E	DIRECTO! Change	RS IN 12	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS	pegistered agent, or both, in the State of familiar with, and accept the obligate of the oblig	of Florida, Such tions of, Section It and the if applicable	Change was a 607.0505, Flo	13. 1.1 TITE 1.2 NAI 1.4 CIT 2.1 TITE 2.2 NAI 2.3 STF	E  ME  ME  ME  ME  ME  ME  ME  ME  ME	required w	des reinstating)	CATE DEERS AND E	DIRECTO! Change	RS IN 12	
SIGNATURE  12 TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  HAME  STREET ADDRESS CITY-ST-ZIP  TITLE  HAME  STREET ADDRESS CITY-ST-ZIP	pegistered agent, or both, in the State of familiar with, and accept the obligate of the oblig	of Florida, Such tions of, Section It and the if applicable	Change was a 607.0505, Fio	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 21 TITI 22 NAI 2.3 STF 2.4 CIT 2.4 CIT 2.4 CIT 2.5 CIT	E ME COTPLESS  V-S1-ZIP  E ME	required w	des reinstating)	OATE CERS AND E	DIRECTO! Change	RS IN 12	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  HAME  STREET ADDRESS  CITY-ST-ZP  TITLE  HAME  TITLE  HAME  TITLE  HAME  TITLE  HAME  TITLE	pegistered agent, or both, in the State or familiar with, and accept the obligate of the oblig	of Florida, Such tions of, Section It and the if applicable	Change was a 607.0505, Flo	13. 13. 13. 13. 13. 13. 13. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	E E EET ADDRESS  E E E E E E E E E E E E E E E E E E	required w	des reinstating)	OATE CERS AND E	Change	RS IN 12  Addition	
SIGNATURE  12 TITLE  NAME  STREET ADDRESS CITY-ST-ZIP TITLE  HAME  STREET ADDRESS CITY-ST-ZIP TITLE  HAME  HAME  HAME  HAME  HAME  HAME	pegistered agent, or both, in the State of familiar with, and accept the obligate of the oblig	of Florida, Such tions of, Section It and the if applicable	Change was a 607.0505, Fio	13. 1.1 TITI 12 NAI 13.STF 14 CIT 21 TITI 22 NAI 23 STF 2 4 CIT 3.1 TITI 32 NAI 32 NAI 32 NAI	E E EET ADDRESS  E E E E E E E E E E E E E E E E E E	required w	des reinstating)	OATE CERS AND E	Change	RS IN 12  Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  HAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS	D ESTIME-THOMPSON, MARIE 209 N.E. 95TH STREET, S-1 MIAMI FL 33138 D MONDESIR, EVENETTE ESO 209 N.E. 95TH STREET, S-1 MIAMI FL 33138 D ALEXIS, GABRIELLE ESO 209 N.E. 95TH STREET, S-1	of Florida, Such tions of, Section It and the if applicable	Change was a 607.0505, Fio	13. 1.1 TITI 12 NAI 13.STF 14 CTT 21 TITI 22 NAI 23 STF 2 4 CTT 3.1 TITI 32 NAI 3.3 STF 32 NAI 3.3 STF	E EET ADDRESS Y. ST-ZP E EET ADDRESS EET ADDRESS EET ADDRESS EET ADDRESS EET ADDRESS EET ADDRESS	required w	des reinstating)	OATE CERS AND E	Change	RS IN 12  Addition	
SIGNATURE  12 TITLE  NAME  STREET ADDRESS CITY-ST-ZIP TITLE  HAME  STREET ADDRESS CITY-ST-ZIP TITLE  HAME  HAME  HAME  HAME  HAME  HAME	pegistered agent, or both, in the State of familiar with, and accept the obligate of the oblig	of Florida, Such tions of, Section It and the if applicable	Change was a 607.0505, Fio	13. 1.1 TITI 12 NAI 13.STF 14 CTT 21 TITI 22 NAI 23 STF 2 4 CTT 3.1 TITI 32 NAI 3.3 STF 32 NAI 3.3 STF	E EET ADDRESS Y. ST-ZIP  E KE	required w	des reinstating)	CERS AND E	Change	RS IN 12  Addition	
SIGNATURE  12 TITLE  NAME  STREET ADDRESS CITY-ST-ZIP TITLE  NAME  STREET ADDRESS CITY-ST-ZIP TITLE  NAME  STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	D ESTIME-THOMPSON, MARIE 209 N.E. 95TH STREET, S-1 MIAMI FL 33138 D MONDESIR, EVENETTE ESO 209 N.E. 95TH STREET, S-1 MIAMI FL 33138 D ALEXIS, GABRIELLE ESO 209 N.E. 95TH STREET, S-1	of Florida, Such tions of, Section It and the if applicable	Change was a 607.0505, Fio	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 2.3 STF 3.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 3.4 CIT 3.4 CIT 3.5 TITI 3.5 T	E EET ADDRESS Y-ST-ZP E EET ADDRESS Y-ST-ZP E EET ADDRESS Y-ST-ZP E EET ADDRESS Y-ST-ZP E EET ADDRESS	required w	des reinstating)	CERS AND E	Change	RS IN 12 Addition Addition	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE HAME STREET ADDRESS CITY-ST-ZP TITLE NAME	D ESTIME-THOMPSON, MARIE 209 N.E. 95TH STREET, S-1 MIAMI FL 33138 D MONDESIR, EVENETTE ESO 209 N.E. 95TH STREET, S-1 MIAMI FL 33138 D ALEXIS, GABRIELLE ESO 209 N.E. 95TH STREET, S-1	of Florida, Such tions of, Section It and the if applicable	Change was a 607.0505, Fio	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 4.4 CIT 4.1 TITI 4.2 NAI	E EET ADDRESS Y-ST-ZP E EET ADDRESS Y-ST-ZP E EET ADDRESS Y-ST-ZP E EET ADDRESS Y-ST-ZP E EET ADDRESS	required w	des reinstating)	CERS AND E	Change	RS IN 12 Addition Addition	
SIGNATURE  12 TITLE  NAME  STREET ADDRESS CITY-ST-ZP TITLE  HAME  STREET ADDRESS CITY-ST-ZP TITLE  NAME  STREET ADDRESS CITY-ST-ZP TITLE  NAME  STREET ADDRESS CITY-ST-ZP TITLE  NAME  STREET ADDRESS CITY-ST-ZP TITLE	D ESTIME-THOMPSON, MARIE 209 N.E. 95TH STREET, S-1 MIAMI FL 33138 D MONDESIR, EVENETTE ESO 209 N.E. 95TH STREET, S-1 MIAMI FL 33138 D ALEXIS, GABRIELLE ESO 209 N.E. 95TH STREET, S-1	of Florida, Such tions of, Section It and the if applicable	Change was a 607.0505, Fio	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 4.4 CIT 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 4.1 TITI 4.2 NAI 4.3 STF	E E E E ADORESS Y. ST-ZP E E E E E ADORESS	required w	des reinstating)	CERS AND E	Change	RS IN 12 Addition Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  HAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS	D ESTIME-THOMPSON, MARIE 209 N.E. 95TH STREET, S-1 MIAMI FL 33138 D MONDESIR, EVENETTE ESO 209 N.E. 95TH STREET, S-1 MIAMI FL 33138 D ALEXIS, GABRIELLE ESO 209 N.E. 95TH STREET, S-1	of Florida. Such tions of, Section  it and tis if applicable ID DIRECTORS	Change was a 607.0505, Fio	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 4.4 CIT 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 4.1 TITI 4.2 NAI 4.3 STF	E EET ADDRESS Y-ST-ZP E EET ADDRESS Y-ST-ZP E EET ADDRESS Y-ST-ZP E WE EET ADDRESS Y-ST-ZP E WE EET ADDRESS	required w	des reinstating)	OATE DOERS AND I	Change	RS IN 12 Addition Addition	
SIGNATURE  12 TITLE  NAME  STREET ADDRESS CITY- ST-ZIP	D ESTIME-THOMPSON, MARIE 209 N.E. 95TH STREET, S-1 MIAMI FL 33138 D MONDESIR, EVENETTE ESO 209 N.E. 95TH STREET, S-1 MIAMI FL 33138 D ALEXIS, GABRIELLE ESO 209 N.E. 95TH STREET, S-1	of Florida. Such tions of, Section  it and tis if applicable ID DIRECTORS	OBLETE	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 4.4 CIT 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT	E ACE ADDRESS Y-ST-ZIP  E ACE ADDRESS Y-ST-ZIP	required w	des reinstating)	OATE DOERS AND I	Change  Change	RS IN 12 Addition Addition	
SIGNATURE  12 TITLE  NAME  STREET ADDRESS CITY-ST-ZP TITLE  TABLE  TOTALE  TOTA	registered agent, or both, in the State of familiar with, and accept the obligated familiar with, and accept the obligated of	of Florida. Such tions of, Section  it and tis if applicable ID DIRECTORS	OBLETE	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CTT 2.1 TITI 2.2 NAI 2.3 STF 2.1 TITI 3.2 NAI 4.1 TITI 4.2 NAI 4.3 STF 4.4 CTT 5.1 TITI 5.2 NAI 5	E ACE ADDRESS Y-ST-ZIP  E ACE ADDRESS Y-ST-ZIP	required w	des reinstating)	OATE DOERS AND I	Change  Change	RS IN 12 Addition Addition	
SIGNATURE  12 TITLE  NAME  STREET ADDRESS CITY-ST-ZP TITLE  HAME  STREET ADDRESS CITY-ST-ZP TITLE  NAME  STREET ADDRESS CITY-ST-ZP TITLE  NAME  STREET ADDRESS CITY-ST-ZP TITLE  NAME  NAME  STREET ADDRESS CITY-ST-ZP TITLE  NAME  NAME	registered agent, or both, in the State of familiar with, and accept the obligated familiar with, and accept the obligated of	of Florida. Such tions of, Section  it and tis if applicable ID DIRECTORS	OPPLETE  DELETE  DELETE  DELETE	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CTT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CTT 3.1 TITI 4.2 TA 4.3 STF 4.4 CTT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CTT 5.4 TITI 5.5 NAI 5.3 STF 5.4 CTT 5.4 CTT 5.4 CTT 5.4 CTT 5.5 TITI 5.5 NAI 5.5 STF 5.4 CTT 5.4 CTT 5.5 TITI 5.5 CTT 5.5 C	E AE  EET ADDRESS  Y-ST-ZIP  E AE  EET ADDRESS  Y-ST-ZIP  E AE  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  (-ST-ZIP)  E  EET ADDRESS  (-ST-ZIP)  E  EET ADDRESS  (-ST-ZIP)	required w	des reinstating)	CATE DOCERS AND I	Change Change Change Change	RS IN 12 Addition Addition Addition	
SIGNATURE  12 TITLE  NAME  STREET ADDRESS CITY-ST-ZP TITLE  HAME  STREET ADDRESS CITY-ST-ZP TITLE  NAME  STREET ADDRESS	registered agent, or both, in the State of familiar with, and accept the obligated familiar with, and accept the obligated of	of Florida. Such tions of, Section  it and tis if applicable ID DIRECTORS	OBLETE	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CTT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CTT 3.1 TITI 3.2 NAI 3.3 STF 4.4 CTT 4.2 NAI 4.3 STF 4.4 CTT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CTT 5.1 TITI 5.4 CTT 5.1 TITI 5.4 CTT 5.1 TITI 5.5 TITI	DY INS COTP  (BS.)  Gent wonsture  E  AE  EEET ADDRESS  Y-ST-ZIP  E  AE  EEET ADDRESS  Y-ST-ZIP  E  AE  EEET ADDRESS  Y-ST-ZIP  E  EEET ADDRESS  Y-ST-ZIP  E  EEET ADDRESS  (-ST-ZIP)  E  EEET ADDRESS  (-ST-ZIP)  E  EEET ADDRESS  (-ST-ZIP)  E  EEET ADDRESS	required w	des reinstating)	CATE DOCERS AND I	Change  Change	RS IN 12 Addition Addition	
SIGNATURE  12 TITLE  NAME  STREET ADDRESS CITY-ST-ZP	registered agent, or both, in the State of familiar with, and accept the obligated familiar with, and accept the obligated of	of Florida. Such tions of, Section  it and tis if applicable ID DIRECTORS	OPPLETE  DELETE  DELETE  DELETE	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 21 TITI 22 NAI 23 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 4.4 CIT 4.1 TITI 4.2 NAI 5.3 STF 5.4 CIT 5.1 TITI 6.2 NAI 6.2 NAI 6.2 NAI 6.2 NAI 6.2 NAI 6.3 NAI 6.2 NAI 6.3 NAI 6.2 NAI 6.3 NAI 6.2 NAI 6.3 NAI 6	DY INS COTP  (BS.)  Gent wonsture  E  AE  EEET ADDRESS  Y-ST-ZIP  E  AE  EEET ADDRESS  Y-ST-ZIP  E  AE  EEET ADDRESS  Y-ST-ZIP  E  EEET ADDRESS  Y-ST-ZIP  E  EEET ADDRESS  (-ST-ZIP)  E  EEET ADDRESS  (-ST-ZIP)  E  EEET ADDRESS  (-ST-ZIP)  E  EEET ADDRESS	required in	des reinstating)	CATE DOCERS AND I	Change Change Change Change	RS IN 12 Addition Addition Addition	

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 or an attachment with an address your all other like empowered.

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90106 032 \*\*\*150.00