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PROFIT CORPORATION

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris ANNUAL REPORT

DOCUMENT # PORODOTAGET

Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90125 046 ***150.00

' 	IL CORPORATION										
Principal Plac	e of Business	Mailing Address								., ,	
16691 S.W. 205 AVENUE 16691 S.W. 205 AVENUE MIAMI FL 33187 MIAMI FL 33187											
MINMI PE 3310	,	MIAM! FL 33187				DO NOT WRITE	N THIS	SPACE			
						3. Date Incorporated or Qualifed					7
						09/14/1998					
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applie			ed For]	
21		26				65-0871872.				pplicable]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>			5. Certificate of Status Desired					
City & Stat	e	City & State				6. Election Campaign Financing	 1	\$5.C	00 ма	ау Ве	7
23		28				Trust Fund Contribution	J —,——	Adde	ed to F	ees	1
—, ^{Zip}	Country	Zip		untry		8. This corporation owes the current	year Int		_	l]
24	25	29	30			Personal Property Tax.		Yes		No	-
	9. Name and Address of	Current Registered Agent		81	Name	10. Name and Address of New Reg	stered .	Agent			1
MAR	ITINEZ, ERNESTO JR. P.A				1401110						1
	S. DADELAND BLVD.		E			ess (P.O. Box Number is Not Acceptable)				
	E #310		83			·					ł
MIAN	VI FL 33156										
				84	City		FL	85 Z	ip Cod	le	
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.1508, Florida Stat	utes, the a	above-	-named corp	oration submits this statement for the pur	pose of	changing	its reg	gistered	}
office or r agent. I a	egistered agent, or both, in the m familiar with, and accept the	State of Florida. Such change was obligations of, Section 607,0505, F	authorize Iorida Stat	d by th tutes.	he corporatio	n's board of directors. I hereby accept th	e appoir	ntment as	regist	tered	١
-3	такот под того п	g,									
SIGNATURE											ĺ
SIGNATURE	Signature, typed or printed name of regist	- <u> </u>	TE: Registered		signature required	l when reinstating)	DATE	<u>-</u>			<u> </u>
12	OFFICE	RS AND DIRECTORS	13.	d Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OFFIC					
12.	OFFICE D	- <u> </u>	13. 1.1 Ti	d Agent	signature required			D DIREC		IN 12	1 60,71
12. TITLE NAME	D SILVA, LOUIS	RS AND DIRECTORS	13. 1.1 Ti 1.2 N	d Agent							
12. TITLE NAME STREET ADDRESS	D SILVA, LOUIS 16691 S.W. 205 AVENUE	RS AND DIRECTORS	13. 1.1 Ti 1.2 N 1.3 S	d Agent	ADDRESS						
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, LOUIS	RS AND DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 14 C	d Agent	ADDRESS			Chang	ge	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: