PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P98000081680
# Competing Name	

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90017 011 ***150.00

Principal Place of Business 3137 NEW YORK STREET MIAMI FL 33133	Mailing Address POST OFFICE BOX 3304:6 NIAMI FL 33233-0496			DO NOT WRITE IN T 3. Date incorporated or Qualified 09/18/1998		
2. Principal Place of Business	2a. Mailing Address			4, FEI Number		plied For
Suite, Apt. #, etc.	Sulte, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & State	. City & State	•.		B. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip: Country 25	Zip	Country 30	у	This corporation owes the current year Personal Property Tax.	[]Yes	□No
9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registe	red Agent	
MINIC CARV		81	Name		·	
MIMS, GARY 3137 NEW YORK STREET		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
MIAMI FL 33133		83	3			
					85 Zip C	`oda
·		84	4 City	Ī	FL 35 Zip (
 Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent, I am familiar with, and accept the obligation. 	0502 and 607.1508, Florida Statuter ate of Florida. Such change was aut ligations of, Section 607.0505, Florida	s, the above thorized by ida Statute	1 - 1	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its ppointment as re	registered gistered
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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 incleated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under outly 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:

Q—SIGNGEMER LINE QUIRED SONATURE AND TYPED OR PREVIOUS OFFICER OR DIRECTOR

3/20/99

305 - 491-5400 Deytima Phone