FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

D	OCUMENT	#	P98000088101
	N 4' N I		1 0000000101

1. Corporation Name

CORONADO EXPERTS, INC.

Principal Place	of Rusiness	Mailing Address		P (MRI) MART 110 10301 10351 00111 Abjet 00111	ini inini dalah men kelah mur sen	
Principal Place of Business Mailing Address 343 ALMERIA AVENUE 343 ALMERIA AVENUE						
CORAL GABLES		CORAL GABLES FL 33134				
				DO NOT WRITE IN TH	IIS SPACE	
				3. Date Incorporated or Qualified		
				10/15/1998	T TAT Wiles	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26			Not Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired []	\$8.75 Additional Fee Required	
22		City & State		C. F. W. C Francisco		
City & State	•	····-1		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country		Country	8. This corporation owes the current year		
24	25	29 [36	1	Personal Property Tax	[]Yes []No	
24	9. Name and Address of Curre		ر" ا	10. Name and Address of New Registers	ed Agent	
	o. Italic and Hadisəs of Santa		81 Name	_	-	
AME	RILAWYER		82 Street Addre	oiegel & Utrera, P.A.		
	343 ALMERIA AVENUE			ess (P.O. Box Number is Not Acceptable) 43 Almeria Avenue		
	AL GABLES FL 33134		83	45 Milleria Avende		
			84 City	Coral Gables F	L 85 Zip Code 33134	
44 5	the previous of Costions 607.06	02 and 64/ 1/08 Etorida Statutos	the above named cons			
office or re	egistered agent, or both, in the State	e of Floring Such change was auth	orized by the corporation	oration submits this statement for the purpose on's heard of directors. Thereby accept the ap	pointment, as registered	
		all harry see alon 607.0505, Florid	a Statutes.	レリフ	V KI (I	
SIGNATURE	Ву:	Y IIII V	and the second of the second	two ones of four	0/1	
12.	Signature, typed on a time of the tereph	TOTAL PROPERTY ICE - FIELD	sident de la	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	D	DELETE	11 TifLE		[Change [Addition	
NAME	Sanchez, Elsie		1.2 NAME			
STREET ADDRESS	343 Almeria Ave		13 STREET ADDRESS			
CITY-ST-ZIP	Coral Gables, F		1.4 CHY-ST-24F			
TITLE	COTAL GADIES, I	[] DELETE	2.1 TITLE		[] Change [] Add-tion	
NAME			22 NAME	40000286	85549	
STREET ADDRESS			2.3 STREET ADDRESS	-05/07/99-	01155015	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	****150.0)O ****150.00	
TITLE		[DELETE	3 1 TITLE		[] Change [] Addition	
NAME			32 NAME			
STREET ADDRESS			33 STREET ADDRESS			
1 1			34 CITY-SE-ZIP			
CITY-ST-ZIP		DELETE	4 1 TITLE	•	[] Change [] Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
			4.4 CHY-ST-ZiP			
CITY-ST-ZIP TITLE		[] DELETE	51 TULE		[Change	
			5 2 NAME		•	
NAME			5.3 STREET ADDRESS			
STREET ADDRESS						

14. Thereby 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 suppliemental 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 of the receiver or trusted 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, by or an attachment with an address, with an other like empowered.

62 NAVE

63 STREET ACKIRESS

SIGNATURE:

CITY-S1-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME

ED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

FILED

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Francis Educat

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