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

DOCUMENT # P98000088733

1. Corporation Name

Principal Place of Business Mailing Address 14744 SW 173RD TERR. 14744 SW 173RD TERR. MIAMI FL 33187 MIAMI FL 33187					DO NOT WRITE IN THIS SPACE		
}. · -		a marka ar			3. Date Incorporated or Qualifed		
La Mallin Adding				_	10/16/1998 4. FE Number		plied For
2. Principal Place of Business 2a. Mailing Address 2f					65-0868017	—— —	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22					5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & State City & State 28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	- 1
Zip	Country Zip Co			у	This corporation owes the current year Personal Property Tax.	ar Intangible ☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent	
				Name			
PEREZ,BEHAR & ASSOCIATES, INC.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
14730 NE 10TH AVE.				<u> </u>			
N. MIAMI FL 33161			83	[
			84	City		FL 85 Zip C	ode
11, Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent	ions or, Section 607.0505, Flor	ioa Statute:	re-named corporations. ont signature requires	oration submits this statement for the purpos on's board of directors. I hereby accept the a		jistered
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	DP	DELETE 1.11				☐ Change	☐ Addition
NAME	VALENCIA, RAUL D		1.2 NAME				İ
STREET ADDRESS			1.3 STREE	ET ADDRESS			ļ
CITY-ST-ZIP	111111111111111111111111111111111111111		1.4 CITY-5	ST-ZIP			
TITLE			2.1 TITLE			Change	Addition
NAME	VALENCIA, JUAN M		2.2 NAME				1
STREET ADDRESS	177 175 12,111			ET ADDRESS			Ì
CITY-ST-ZIP			2. 4 CiTY-	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	3,1 TITLE			Criange	☐ Yaquayı
NAME			3.2 NAME	Ļ			1
STREET ADDRESS			3.4. CITY-	T ADORESS			
CITY-ST-ZIP			4.1 TITLE	ST-ZIF		☐ Change	Addition
NAMÉ			4. 2 NAME	.			}
STREET ADDRESS				ET ADDRESS			
City-ST-ZIP			4.4 CITY-				
TILE			5,1 TITLE			Change	☐ Addition
NAME			5.2 NAME	ļ			
STREET ADDRESS			\$.3 STREE	ET ADDRESS			1
CITY-ST-ZIP		, : ' ' ; ,	5.4 CITY-1	ST-ZIP			

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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90130 027 ***150.00

Addition

Change