## 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 # P98000089503 1. Corporation Name

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90072 040 \*\*\*150.00

RAIIONOF	URE, INC								
					·				
Principal Place	e of Business	Mailing Address					. ,_,,,		
4020 SALZEDO		4020 SALZEDO STREET							
CORAL GABLES FL 33146 CORAL GABLES FL 33146						DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed			
						10/20/1998			
2. Principal P	lace of Business	2a. Mailing Address			<del>.</del>	A CCI November	<u> </u>	Applied For	
21		26				45 - 087013.	S. 🖂	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				. <u> </u>	\$8.7	5 Additional	
22		27	27			5. Certificate of Status Desired	Fee	Required	
City & State		City & State	L '			6. Election Campaign Financing \$5.00 May Be			
23		28 `.				Trust Fund Contribution	Add	ed to Fees	
Zip ,	Country	Zip	Cou	ntry		8. This corporation owes the current year in			
24	25		30			Personal Property Tax.	Tes	No	
	9. Name and Address of Curre	nt Registered Agent		81	Norse	10. Name and Address of New Registered	Agent		
I OM	/DV IAMES R II			01	Name				
LOWRY, JAMES R II 4020 SALZEDO STREET				82 Street Address (P.O. Box Number is Not Acceptable)					
	RAL GABLES FL 33146			83	<del> </del>		·		
	INE CANDLED I E COLITO			63		•		_	
				84	City	FI	85 Z	ip Code	
11 Dumuma	to the provisions of Sections 607 050	02 and 607 1508 Florida Statut	es the al	201/9	-named cornor		f changing	its registered	
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorized	by t	the corporation	's board of directors. I hereby accept the appo	intment as	registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Stati	ıtes.					
SIGNATURE	Signature, typed or printed name of registered age	not and title if earlicable (NOTE	Penietered	Aceni	t signature required v	when reinstating) DATE		j	
12.		ND DIRECTORS	13.	- Agoin	t signature required r	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	
TITLE	D	☐ DELETE	1.1 111	LE			☐ Chan	ge 🔲 Addition	
NAME	LOWRY, JAMES R II		1.2 NA	ME	1				
STREET ADDRESS	4020 SALZEDO STREET				ADDRESS			ļ	
CITY-ST-ZIP			1.3 ST	REET	,				
	CORAL GABLES FL 33146		1.3 ST						
TITLE	CORAL GABLES FL 33146	DELETE		ry-st			☐ Chan	ge 🔲 Addition	
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		☐ DELETE	1.4 CT 2.1 TTT 2.2 NA	iy-st Le Me		·	☐ Chan	ge Addition	
NAME			1.4 CT 2.1 TTT 2.2 NA	TY-ST LE ME REET	ADDRESS	·			
NAME STREET ADDRESS		☐ DELETE	1.4 CM 2.1 TM 2.2 NA 2.3 ST	TY-ST TLE WIE REET TY-ST	ADDRESS	·	☐ Chan		
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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.