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**

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90019 008 ***158.75

DOCUMENT # P98000089654

 Corporation 	n Name					
NEXT VE	ENTURE COMPANY					
742511 42				A HARRINGA DIN HOLDA HOLDA NORMA NORMA REGIST NORMA	IEI IEISE IEISE ESIEL	1111 116 1 1 11 1
Principal Place	e of Business	Mailing Address		1 1901199) (50 1610) 19111 8611 86111 861		iiiik Bibi lodi
900 INGRAHAM BUILDING 900 INGRAHAM BUILDING						
25 SOUTHEAST 2ND AVE. 25 SOUTHEAST 2ND AVE.						
MIAMI FL 33131 MIAMI FL 33131				DO NOT WRITE IN TH	IS SPACE	
1				3. Date Incorporated or Qualifed		
		La salation		10/21/1998 4. FEI Number	1-1-4	lied For
	lace of Business	2a. Mailing Address		59-3544382	<u> </u>	lied For Applicable
21 Suite Ant	# oto	Suite, Apt. #, etc.		33-3344362	\$8.75 Ac	''
Suite, Apt.	#, etc.	27		5. Certifcate of Status Desired	Fee Req	
City & Stat	<u>, </u>	City & State		6. Election Campaign Financing	\$5.00 N	Aou Bo
23	•	28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year I	Intangible	
24	25	29	30	Personal Property Tax.		X No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent	
		-	81 Name			
	IAI, WALD, BIONDO & MORENO,	P.A.	82 Street Add	ress (P.O. Box Number is Not Acceptable)		-
900 Ingraham Building		0				
25 SOUTHEAST 2ND AVE.		83			{	
MIAN	/II FL 33131		84 City		. 85 Zip Co	ode
				F		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corr	poration submits this statement for the purpose	of changing its re	egistered
office or re	egistered agent, or both, in the State o	of Florida. Such change was au	tnorizea dy trie cordorau		walulielit as regi	iatereu j
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statutes.	,		
	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statutes.	on's board of directors. I hereby accept the app	_	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require	ad when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE: FD DIRECTORS	Registered Agent signature require		AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI President	and title if applicable. (NOTE:	Registered Agent signature require 13. 1.1 TITLE	ad when reinstating) DATE		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI President Francisco Ortega	and title if applicable. (NOTE: FD DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ad when reinstating) DATE	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI President Francisco Ortega 54 Bolivia Street	and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ad when reinstating) DATE	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI President Francisco Ortega 54 Bolivia Street Hato Rey, P.R. 009	and title if applicable. (NOTE: ID DIRECTORS)	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ad when reinstating) DATE	AND DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI President Francisco Ortega 54 Bolivia Street Hato Rey, P.R. 009] Vice President	and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ad when reinstating) DATE	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI President Francisco Ortega 54 Bolivia Street Hato Rey, P.R. 009] Vice President Antonio Ortega	and title if applicable. (NOTE: ID DIRECTORS)	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ad when reinstating) DATE	AND DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS ANI President Francisco Ortega 54 Bolivia Street Hato Rey, P.R. 0091 Vice President Antonio Ortega 54 Bolivia Street	and title if applicable. (NOTE: 6) DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ad when reinstating) DATE	AND DIRECTOR Change	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS ANI President Francisco Ortega 54 Bolivia Street Hato Rey, P.R. 0091 Vice President Antonio Ortega 54 Bolivia Street	and title if applicable. (NOTE: ID DIRECTORS) DELETE DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ad when reinstating) DATE	AND DIRECTOR Change	RS IN 12 Addition
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6.4 CITY-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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE: X

STREET ADDRESS

Francisco Ortega 03/25/99