PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAREMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90159 022 \*\*\*150.00

DOCUMENT #	D00000001074
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M.A.P. I Principal Plac 7951 S.W. 40T SUITE 206 MIAMI FL 3315	NT. & ASSOCIATES, INC.  o of Business H STREET	M 75 SI	Mailing Address 951 S.W. 40TH STREET UITE 208 NAMI FL 33155			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed 10/28/1998  4. FEI Number  (55-0871985   Applied For Not Applicable	
Suite, Apt.	#, etc.	1-0,	Suite, Apt. #, etc.			5. Certificate of Status Desired 38.75 Additional	
		27				5. Certificate of Status Desired	
22 City & Stat			City & State	-		6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	$\vdash$	Zlp	Countr	У	8. This corporation owes the current year Intangible Personal Property Tax.     X   Yes   D   No	
24	25	29		20		Personal Property Tax. (ATYes LINO  10. Name and Address of New Registered Agent	ł
	9. Name and Address of Curre	nt Kegi:	stereo Agem		Name	IV. Adille did Addisso VI HAM Haggeria Agent	1
DIA	Z O J						Į
	1 S.W. 40TH STREET			82	Street A	Address (P.O. Box Number is Not Acceptable)	
	TE 206			83			ſ
MIA	MI FL 33155				<u> 1 </u>		}
				84	City	FL 85 Zip Code	Ì
11. Pursuant	to the amuisions of Sections 607.05	02 and 6	607.1508. Florida Statut	es, the abov	re-named	corporation submits this statement for the purpose of changing its registered	1
office or o	registered agent, or both, in the Stata rm familiar with, and accept the obliga	of Flori ations of	ida. Such change was a f, Section 607.0505, Flo	uthorized by rida Statute	the corpo s.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered age	ant and this	d annicable (NOTE	· Registered Ace	mi njermbaru n	raquired when rematating) DATE	=
12.	OFFICERS A			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	CR2E034 (11/98)
TITLE			☐ DELETE	1.1 TITLE		PACHECO, AIDA Change Addition	Ξ
NAME				1.2 NAME		$\rho/T/\Lambda$	젊
STREET ADDRESS				1.3 STREE	ET ADDRESS	DACK ZIN VOR ST #706 MIAMIN	予覧
CITY-ST-ZIP				1.4 City-	ST-ZIP	1/51 300 10 21 6-0 11/1-11/7	Ř
TITLE			☐ DELETE	21 TMLE		PACHECO KAMON Change & Addition	٦
NAME				2.2 NAME		VP15/1 7951 SW 401 ST, #206	
STREET ADDRESS				2.3 STREE	ET ADDRESS	PITID 7951 3W YON ST #206 MIAMIA PACHECO, RAMON Change Addition VP1510 7951 SW 40 5T, #206 MIAMI FL 33155 Change Addition	1
CITY-ST-ZBP				2.4 CITY-	ST-ZP	Totalism Classes Claddism	
me	1		DELETE	3.1 TITLE		Country - Addition	
NAME	Į.			3.2 NAME	-	<u>.</u>	1
STREET ADDRESS					ET ADORESS		
CITY-ST-ZEP			Постен	3.4. CITY-	SI-ZIP	Change Addition	1
TITLE	1			夏 7.1 111以上		1	•
	1		☐ DELETE	4 2 11 11 11		]	1
NAME			(_) DELETE	4.2 NAME			
STREET ADDRESS			C) DETEIE	4.3 STREE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				4.3 STREE 4.4 CITY-	ET ADDRESS	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	4.3 STREE	T ADDRESS 5T-ZIP	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME				4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	T ADDRESS 5T-ZIP	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS	Change Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-1	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-1 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		

14. I hereby certify that the information supplied with this filting 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 op an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF BIGMING OFFICER OR DIRECTOR

4/28/99

305-261-6251