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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000091742

1. Corporation Name

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90011 031 ***150.00

Principal Place of Business Mailing Address 15161 S.W. 112 TERRACE MIAMI FL 33196 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/28/1998 2. Principal Place of Business 2a. Mailing Address 2f Suite, Apt. #, etc. 27 City & State City & State City & State Zip Country Applied For Not Applicable \$8.75 "Additional Fee Required Fee Required City & State Trust Fund Contribution 8. This corporation owes the current year Intagelier The Place of Business DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 "Additional Fee Required Fee Required \$5.00 May Be Added to Fees	CRUZ AN	ID GUZMAN, CORP.					
MAMI FL 33196 DO NOT WRITE IN THIS SPACE	Principal Place of Business Mailing Address					(100/100) 110 (010) 1010 0001 0010 0010 0010	
Suite, Apt. #, etc. Soute, Apt. #, etc.						3. Date Incorporated or Qualifed	
State City & Stat	2. Principal Pla	ace of Business		¬ '		05-0871950 Not Applicable	
Trust Fund Contribution Added to Fees Zip Country Zip Country 8. Triss Fund Contribution Added to Fees Zip Country 72 39 30 30 8. Triss corporation owes the current year Intangible Personal Property Tax.	Suite, Apt. #	≠, etc.		–		5. Certificate of Status Desired	
25 29 30 Personal Property Tax. Yes Ye	City & State)	28]		, , , , , , , , , , , , , , , , , , , ,	
CRUZ, ALEXANDRA 15:161 S.W. 112 TERRACE MIAMI FL 33196 82 Street Address (P.O. Box Number is; Not Acceptable) 83 Street Address (P.O. Box Number is; Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 86 Zip Code 87 Address (P.O. Box Number is; Not Acceptable) 88 Address (P.O. Box Number is; Not Acceptable) 89 Address (P.O. Box Number is; Not Acceptable) 80 Street Address (P.O. Box Number is; Not Acceptable) 81 Name 82 Street Address (P.O. Box Number is; Not Acceptable) 83 Street Address (P.O. Box Number is; Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 Address (P.O. Box Number is; Not Acceptable) 86 Address (P.O. Box Number is; Not Acceptable) 87 Street Address (P.O. Box Number is; Not Acceptable) 88 Address (P.O. Box Number is; Not Acceptable) 89 Zip Code 80 Address (P.O. Box Number is; Not Acceptable) 80 Address (P.O. Box Number is; Not Acceptable) 81 Street Address (P.O. Box Number is; Not Acceptable) 82 Street Address (P.O. Box Number is; Not Acceptable) 83 Street Address (P.O. Box Number is; Not Acceptable) 84 City 85 Zip Code 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 87 Addition Submits this statement for the purpose of changing its registered Agent signature required when reinstalling) 85 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16 Change Addition 17 Addition 18 Addition 18 Signature required when reinstalling) 86 Addition 19 Addition 19 Change Addition 10 Change Addition 11 Change Addition	Zip 24	25	29 30	¬ '	/ 	Personal Property Tax.	
CRUZ, ALEXANDRA 15161 S.W. 112 TERRACE MIAMI FL 33196 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE SD CRUZ, ALEXANDRA 12 NAME CRUZ, ALEXANDRA 12 NAME CRUZ, ALEXANDRA 11 TITLE CRUZ, ALEXANDRA 12 NAME CRUZ, ALEXANDRA 12 NAME CRUZ, ALEXANDRA 12 NAME CRUZ, ALEXANDRA 13 STREET ADDRESS 15161 S.W. 112 TERRACE 13 STREET ADDRESS 15161 S.W. 112 TERRACE 22 NAME STREET ADDRESS 15161 S.W. 112 TERRACE 22 STREET ADDRESS 15161 S.W. 112 TERRACE 33 TITLE Change Addition Change Addition Change Addition Change Addition Change Addition	Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME CRUZ, ALEXANDRA 12 NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196 14. CITY-ST-ZIP TITLE QUZMAN, JORGE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196 15161 S.W. 112 TERRACE QUZMAN, JORGE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196 DELETE 1.1 TITLE Change Addition Change Addition Change Addition Change Addition Change Addition	15161 S.W. 112 TERRACE			83		The second of th	
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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 a attachment with an address, with all other like empowered.

SIGNATURE:

KY IRTO AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #