SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT BUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION *ANNUAL REPORT 1999

1. Corporation Name

MIAMI FL 33155



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000094606

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00 JUL 12 AM 8:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address	-					
333 SW 30TH RD. #3 MIAMI FL 33155	333 SW 30TH RD. #3 MIAMI FL 33155)		REINISTATEMENT SPACE			
·	e de majoritarionem			3. Date Incorporated or Qualified			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 65-0903474	Applied For Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc	·- =		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country	Zip 29	Country 30		This corporation owes the current year Intangible Personal Property.	Yes No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAMGOOLIE, EVANA 6700 SW 28TH TERRACE		81	Name Street Addre	ss (P.O. Box Number is Not Acceptable)	10 v - 10 v pp - 1		

			84 0	City	•		EL 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 office or registered agent, or both, in the part of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.											
SIGNATURE Signature, typed or printed name glocological and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTO	,	13 .	. oignatato redanos		NGES TO OFFICER	RS AND DIR	ECTORS IN 12			
TITLE	D,	DELETE	1.1 TITLE		•		Cha	ange Addition			
NAME	KAMGOOLIE, EVANA		1.2 NAME	RA	M G 00 Li	E, EVAI	~ 4	• —			
STREET ADDRESS	6700 SW 28TH TERRACE		1.3 STREET ADO	DRESS		•					
CITY-ST-ZIP	MIAKI FL 33155		1.4 CITY-ST-ZIP	,				_			
TITLE	D	DELETE	2.1 TITLE	עם	men Co	v. zeTo	Cha	ange Addition			
NAME	ALVAREZ, ERNESTO		2.2 NAME	I TIL	VAREZ, ER	06310					
STREET ADDRESS	6700 SW 28TH TERRACE		2.3 STREET ADD	DRESS							
CITY-ST-ZIP	MIAKI FL 33155		2.4 CITY-ST-ZIP								
TITLE		DELETE	3.1 TITLE	İ			Cha	ange Addition			
NAME			3.2 NAME		500	100224	tano	52			
STREET ADDRESS			3.3 STREET ADD	DRESS	بالبياب	00/03/00 08/02/00	01002)n29			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	•		**** 900.					
TITLE		DELETE	4.1 TITLE				Cha	nge Addition			
NAME			4.2 NAME				, i	W-			
STREET ADDRESS			4.3 STREET ADI	DRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP	·			-				
TITLE		DELETE	5.1 TITLE				Cha	ange Addition			
NAME			5.2 NAME				*				
STREET ADDRESS	4,57		5.3 STREET ADD	DRESS			:				
CITY-ST-ZIP			5.4 CITY-ST-ZIP	,]				pre-13			
TITLE	(1)	. DELETE	6.1 TITLE				∐ · Châ	ange Addition			
NAME		•.	6.2 NAME	İ							
STREET ADDRESS			6.3 STREET ADD	DRESS							
CITY-ST-ZIP	l <u> </u>		6.4 CITY-ST-ZIP								
بمنظمته طالكة	ortify that the information symplical with this filing day	an and available for the	avamption at	atad in caption	. 110 N7/2V/X Clorida	Statuted I further of	amin, that the	Intormation			

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indicated on this annual report or 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 the same legal effect as if changed for on an attachment with an address.

305-7728454

CR2E034 (5/99)