FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION - ANNUAL REPORT 1999			Katherine Harris Secretary 1 State DIVISION OF CORPORATIONS		NS		
DOCUI	MENT # PO	80000957	71			991MR - 8 PM 12: 1	
IRAMEX, INC.						TALLAMASSEE, FLOR	Γρν
*						L PROGRADI (TA TALIKI KANDI BANDI ORDUL BANDI BANDI	ÎDÎNÎ ÎNKA LÎSTA TODAN MEL TER
Bringing Place	of Business		Address			1 (1814) 114 (1816) 1814 (1814) 1814 (1814) 1814 (1814)	<u> </u>
Principal Place of Business 665 SW 61 TERRACE			61 TERRACE				
MARGATE FL 33068			TE FL 33068				
						DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
						11/13/1998	
	ace of Business	}··· ι	ga. Mailing Address			4. FETNamber	Applied For
Suite, Apt	# etc	26] Sui	te, Apt. #, etc.			65-0874472	Not Applicable \$8.75 Additional
22	, 510.	27	, , , , , , , , , , , , , , , , , , ,			5. Certifuate of Status Desired [1]	Fee Required
City & State			y & State			6, Election Campaign Financing	\$5.00 May Be
23 Zin	Counti	28		Čountry		Trust Fund Contribution	Added to Fees
Zip 24	[25]	γ). Ζιρ (29 [1	30		8. This corporation owes the current year to Personal Property Tax	tangible []]Yes [.]No [
, -		ess of Current Registere				10. Name and Address of New Registered	and the second of the second of the second
PONCE DE LEON, JUAN							
665 SW 61 TERRACE MARGATE FL 33068 Street Addres 82 Street Addres					ss (P.O. Box Number is Not Acceptable)		
							() ' ' ' '
				84	City	FL	85 Zip Gode
11. Pursuant	to the provisions of Sec	tions 607.0502 and 607.1	508, Florida Statute	s, the above a	name J corpo ie coronialion	ration submits this statement for the purpose of i's board of directors. Thereby accept the appo	changing its registered
agent. I a	m familiar with, and acc	ept the obligations of, Sec	tion 607.0505, Flori	ida Statutes			, and the segment of
SIGNATURE	Signature typed or printed name	e of registered agert and title if appi	rable (NOTE	Registered Agents	guatine negover	After tell Safring DAA's	- 1
12.		OFFICERS AND DIRECTO	ORS .	13.		ADDITIONS/CHANGES TO OFFICERS AT	
TITLE	D DONOE DE LEON	0.141	CT DECETE	. 1.1 TITLE			[Change
NAME STREET ADDRESS	PONCE DE LEON, 665 SW 61 TERRA			13 STREET A	former c c		
CITY-ST-ZIP	MARGATE FL 3306			14 CHY-S1	í	00000298	20291
ITLE		~.	[DELETE	217016		900 00280 -03/15/99	0[1685-025.ddition
NAME				2.2 NAME		****150.00	****150.00
STREET ADDRESS				2351REFTA			
CITY-ST-ZIP.	·		[DELETE	2 4 O(TY-SI 3 1 T(FLF	Zit		[Change [Addition
NAME			t Dale le	37 NAMI			Fleurade [[Mondail]]
STREET ADDRESS				33 STREET A	DOMES S		1
CITY+ST-ZIP	· !:			34 CITY-ST-	761		
TITLE			[] DELETE	441111.6			[[]Change []]Addition
NAME				4 2 NAME	r s De si s		
STREET ADDRESS				43 STREET A			
TITLE			[]DELETE	51 THE	7.11		[]Change []Addition
NAME	ı			5.2 NAME			
STREET ADDRESS	•			53 STREETA			
CITY-ST-ZIP			[DELETE	54 OHY-51-2 611 THE	269		[] Change [] [] Addition
TITLE			LIDELCIE	6 2 NAME			[']Change [']Addition
STREET ADDRESS				63 STREET A	CORESS	,	
CITY-ST-ZIP				6.4 CH Y-S1	Ziř	ſ	70/

4. Thereby 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 cartify 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 produced 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 engaged.

SIGNATURE: .

MIGNATURE AND TYPEST OR PRINTED HAVE OF BIGHING OFFICER ON DIRECTOR