•	, PROFIT
	CORPORATION
	ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000101789

DIXIE FALLS GROUP CO.

Principal Place		Mailing Address			
343 ALMERIA AVENUE 343 ALMERIA AVENUE CORAL GABLES FL 33134 CORAL GABLES FL 33					
COMAL GABLES	FE 33134	CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				12/08/1998	
2. Principal Pr	lace of Business	2a. Mailing Address		4. FEI Nomber	Applied For
21		26			Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certifi ate of Status Desired [ ]	\$8.75 Additional
City & State		27   City & State			Fee Required
23 City & State	e	28		6. Efection Campaign Financing  Trust Fund Contribution	\$5.00 May Re Added to Fees
Zip	Country	Zip	Country	8. This corporation gives the current year	
24	[25]	the production of the control of the	30	Personal Property Tax	[   Yes   [ ]No
<del></del>	9. Name and Address of Curren		1991	10. Name and Address of New Registere	J.
		•	81 Name Sn	iegel & Utrera, P.A.	1
	RLAWYER			eşs_IP O. Box Number is Not Acceptable)	
	ILMERIA AVENUE		3	43 Almeria Avenue	i e
CORA	AL GABLES FL 33134		83		·
			84 City		los   Zw. Code
		4	Co Co	ral Gables F	L 85 Zip Code 33134
11. Pursuant	to the provisions of Sections 607.050;	2 and 607.15/18, ///rida Statute		oration submits this statement for the purpose on's board of directors. Thereby accept the app	of changing its registered
onice or n agent. I a	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar wipsicages treacblish	of Floriday Science ange was at the Carta Julia 107 A505, Flori	uthorized by the corporatio rida Stalules	on's board or directors. The hoty accept the app	ointment as registered
		///		4/28/49	
	By: Signature typed on violed natural stress services	reval Wice-Pre	Rojsky (Ajecis policiero e Paident	rws on test	
12.	UFFICERS AN	D DIRECTIONS	argent	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	LIDHELE	111il.F		[   Change     Addition
NAME	Sanchez, Elsie		1.2 NAME	20000286	7maa7
STREET ADORESS	343 Almeria Aver		13 STREET ADDRESS	- 05/07/99	-n11n4024
CITY-ST-ZIP	Coral Gables, FI	L 33134 [  DELETE	14 CHY-ST-Ziir 2 1 T-H E	****150 D	1 [*高點150] (J.J.J.J.J.J.J.
TITE NAME		( ) Deteil	<b>f</b> :	20 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	. [ Loughge. [ ] Motoring
			2.2 NAME		
STREET ADDRESS			2.3 STREET ADURESS		
CITY-ST-ZIP TITLE	<del></del>	[   DELETE	317(1).6		[   Change   [   Addition
NAME		¢ r present	3.7 NAME		[ 1 = 0.8. [ 1.653,000]
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 City-5'-76'		Ì
TITLE		[ ] DELETE	4 1 TIFLE		{   Change   [   Addition
NAME			4 2 NAME		
STREET ADDRESS			: 43 STREET ADDRESS		
CITY-ST-ZIP			4.4 City -\$1 - 761		
TITLE		[] DELETE	51 TILLE		[ ] Change [ ] Addition
NAME			52 NAMI		
STREET ADDRESS			53 SUREL LADVORESS		į
CITY-\$T-ZIP			54 C-17-ST-ZIP		_
TITLE	· · · · · · · · · · · · · · · · · · ·	[ ] DELETE	6 * 711LF		[   Change       Addigon
NAME			6.2 NAME		1481 10CA
			T		ノンこんりしょ

14. Thereby 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 or an attachment with an oddress, and all other like empowered.

**SIGNATURE:** 

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/28/99

FILED

99 MAY - 3 PM 3: 56

Daybers Presses

CR2E034 /11/98