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

**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90195 036 \*\*\*150.00

OCUMENT # P98000102949 2970 SW 37TH COURT, INC. 613118- 90013 - 16

ncipal Place of Business Mailing Address							- 1 1981/901 (18 18:8) 1911/ 88:11 00114 0018 108(2 00110 11015 18:11 9/8(0 18:11 18:2)				
COCONUT AVENUE 2814 COCONUT AVENUE											
ONUT GROVE FL 33133 COCONUT GROVE FL 33133							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified 12/10/1998				
Principal Place of Business 2a. Mailing Address							4. FEI Number		Apr	plied For	
· · · · · · · · · · · · · · · · · · ·	<b>44-</b> 1. <b>4-1</b>	26							No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
014 0 04-4		City & State					• 51		<u> </u>		
City & State		— 1	·			<del>-</del>	6. Election Campaign Financing		\$5.00 Added to		
Zip Country		<del></del>	Zip Co				8. This corporation owes the curre	• • • • • • • • • • • • • • • • • • • •			
25 29		30	30			Intangible Personal Property. Yes No					
	9. Name and Address of Curre						10. Name and Address of New Ro	egistered Age	nt		
					81	Name					
LUIS, MICHAEL A				82 Street Addre			ss (P.O. Box Number is Not Acceptat	ole)			
2814 COCONUT AVENUE			OI GROOT AGUN				····				
COCO	ONUT GROVE FL 33133										
				-	84	City		[8	5 Zip C	ode	
				}	ł	-		+L \			
office or i	to the provisions of sections 607.05 registered agent, or both, in the Starm familiar with, and accept the obli	te of Florida. Such cha	inge was aut	nonzed	DV t	amed corpora he corporation	ation submits this statement for the puin's board of directors. I hereby accept	rpose of changi the appointme	ng its reg int as reg	gistered gistered	
NATURE .								DATE		<del></del>	
	Signature, typed or printed name of registered ag		(NOTE	Registere	ed Age	ent signature requir	ADDITIONS/CHANGES TO OFF		RECTO!	RS IN 12	
	OFFICERS AND DIRECTORS  PROSIDENT SOUTHER TO DELETE		1.1 TITLE			ADDITIONS/CHANGES TO CIT		Change	Addition		
:				1.2 NAME				لسما	Onunge		
ET ADDRESS	Sold Coconut Avenue Coconut Corone, Florida 33133			1.3 STREET ADDRESS		DORESS					
ST-ZIP	Coc 2012 (000)	Corporat (orang floridg 3313)		1.4 CITY-ST-ZIP		ĺ					
31-21-	Caca 10 1 61001		ELETE	2.1 TITLE		<del>'''</del>			Change	Addition	
:				22 NAME				_	•		
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ST-ZIP				2.4 CIT	2.4 CITY-ST-ZIP						
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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 ndicated on this annual report or supplemental a mual 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 of the ecceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears n Block 12 or Block 13 if changed on a attachment with an address.

**GNATURE:**