## **PROFIT** CORPORATION ANNUAL REPORT 1000



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS May 07, 1999 8:00 am Secretary of State

05-07-1999 90129 019 \*\*\*150.00

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DOCU	MENT # P98000	0103075					
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1	ce of Business	Mailing Address					
1570 MADRUGA AVE. PHI 1570 MADRUGA AVE. PHI CORAL GABLES FL 33146 CORAL GABLES FL 33146					1		•
COME CABLE	712 WITO	CONTRACTOR OF THE STATE	•		DO NOT WRITE IN THIS	SPACE	
					3. Date incorporated or Qualifed		
					12/10/1998	<del> </del>	
	Place of Business	2a, Mailing Address			4. FEI Number 65-0880625	Ap	
Suite, Apt	# etc	Suite, Apt. #, etc.					
22	<i>71,</i> \$10.	27			5. Certificate of Status Desired		
City & Sta	ilē	City & State			6. Election Campaign Financing	\$5.00	May Be
23	28			Trust Fund Contribution		Added t	o Fees
Zíp	Country	Zip	Cour	ntry	8. This corporation owes the current year Inta		
24	9. Name and Address of Curr	29	30		Personal Property Tax.  19. Name and Address of New Registered A		∐No
	3. Itame and Audiess of Curr	ient Kadistalan Yilant		81 Name	19. Replie and Addition of Item Regions 40 /	.90	
RAM	irez, abdon		Ļ	<u> </u>			
1570 MADRUGA AVE. PH1			l	82 Street Add	reas (P.O. Box Number is Not Acceptable)		
COR	AL GABLES FL 33146		Ţ	83		WRITE IN THIS SPACE  alifed  Applied For Not Applicable  \$8.75 Additional Fee Required  cing \$5.00 May Be Added to Fees  current year Intangible Yes No  Not Applicable  Fee Required  comparison of the Press Note of the Press Not	
			F	84 City		85 Zip (	ode
11. Pursuant	t to the provisions of Sections 607.0 registered agent, or both, in the Stat	502 and 607.1508, Florida Sta te of Florida. Such change wa	itutes, the ab s authorized	ove-named corp by the corporati	poration submits this statement for the purpose of o ion's board of directors, I hereby accept the appoin	shanging its Iment as rej	registered gistered
agent. 1	am familiar with, and accept the obli	gations of, Section 607.0505,	Florida Statu	tes.	• •	`	
SIGNATURE	Signature, typed or printed name of registered a	gent and title of applicable. (NO	OTE: Registered A	gent signature require	ed when rewelsting) DATE		<del></del>
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	
TITLE	D	☐ DELETE	1.1 1111	E		Change	☐ Addition
NAME	RAMIREZ, ABDON		1.2 NA	· 1			{
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33173	OELETE	1.4 CIT 2.1 TITL	/-ST-ZP		Change	Addition
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STREET ADDRESS				EET ADDRESS			. )
CITY-ST-ZIP			4	Y-57-23P			
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CITY-ST-ZIP TITLE NAME STREET ADDRESS		-	3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR	EET ADDRESS Y-ST. ZIP E ME EET ADDRESS		·	☐ Addition
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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 eignature 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 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or Onjan attachment with an address, with all other like empowered.

SIGNATURE:

SECURITURE REQUIRED