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

PROFIT ORPORATION NUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

UMENT # P98000105548

UMAG CORPORATION

Mailing Address

FILED Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90004 044 ***555.00





ace of Dusiness	manny radios						
OTH AVENUE	11041 S.W. 140TH AVENUE						
86	MIAMI FL 33186			DO NOT WRITE IN	THIS SPACE	E	
				3. Date Incorporated or Qualifed			
				12/21/1998			
Diamet Designation	2a. Mailing Address 12973 SW.			4 FELNumber		App	lied For
Place of Business	12923 SW.	11774	Street	25-0883+5	ろ ト		Applicable
	26 12973 00.		احتار	(1)	<u> </u>		dditional
pt. #, etc.	Suite, Apt. # etc. 27 PuB - Z59			5. Certifcate of Status Desired		ee Req	
tate	City & State	FL		6. Election Campaign Financing Trust Fund Contribution		.00 N	May Be Fees
Country	28 MAM	Countr	v	8. This corporation owes the current ye			
25	1 - 'OMIO' -	30 C	isa 💮	Personal Property Tax.	☐ Yes	s]	No
9. Name and Address of Current I		301		10. Name and Address of New Regis	ered Agent		
9. Name and Address of Current	registered Agent	8	Name				
NEZ, JOSE F		Ľ	1				
141 S.W. 140TH AVENUE		82	Street Ac	dress (P.O. Box Number is Not Acceptable)			
		<u> </u>	. 				
MI FL 33186		83	3				
		84	4 City		85	Zip Ci	ode
			1		FL 👸		
e registered agent or both in the State of	Honda Such change was all	monzea o	v me carbori	rporation submits this statement for the purporation's board of directors. I hereby accept the	appointment	as reg	istered
I am familiar with, and accept the obligation	ons of, Section 607.0505, Flor	ida Statute	\$.				
RE			_				
Signature, typed or printed name of registered agent a			ent signature req	m og miner i om emming i	TE DID		20 (N) 42
OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE			(S IN 12
D	☐ DELETE	1.1 TITLE	ļ.	S	☐ Ch	ange	Addition
NUNEZ, JOSE F		1.2 NAME	: J	11041 500. 14011 AUE 11041 500. 14011 AUE MYAMI, FL., 33186			
ss 11041 S.W. 140TH AVENUE		1.3 STRE	ET ADDRESS	11041 500, 14014 AVE			
MIAMI FL 33186		1,4 CITY-	ST-7IP	mam, PC, 33186		_	
IND WIN 1 E GO 100	☐ DELETE	2.1 TITLE			Ch	ange	☐ Addition
Ì		2.2 NAME					
SS			ET ADDRESS		_		
	——————————————————————————————————————	2.14 CITY					Addition
	DELETÉ	3.1 TITLE			الآلايا		
	 -	3.2 NAME	1	· · · · · · · · · · · · · · · · · · ·			
ess		3.3 STRE	ET ADDRESS				
{		3.4. CITY	ST-ZIP				
	☐ DELETE	4.1 TITLE	$ \top$		□ Ch	ange	Addition
Į		4. 2 NAM	E				
222		4,3 STRE	ET ADDRESS	•			
		4.4 CITY-]				
		#.4 UIT 1*	J,-20				Addition
	□ netere	S 1 TaTl □			C+	laliye	
	☐ DELETE	5.1 TITLE			LICH	lange	_
:SS	☐ DELETE	5.2 NAME			[]C	lanye	_
1	☐ DELETE	5.2 NAME 5.3 STRE	ET ADDRESS		L1Ct	ange	_
		5.2 NAME 5.3 STRE 5.4 CITY-	ET ADDRESS ST-ZIP				
	□ DELETE	5.2 NAME 5.3 STRE	ET ADDRESS ST-ZIP		L.J.CH		Addition
		5.2 NAME 5.3 STRE 5.4 CITY-	ET ADORESS				
22		5.2 NAME 5.3 STRE 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADORESS				
SS		5.2 NAME 5.3 STRE 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS				

by certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information steed on this annual report or supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or or director of the corporation or the receiver or in stee emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

ATURE:

*395-25*9-3509