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**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # POROCO107120

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

DIVISION OF CORPORATIONS

## **FILED** Feb 19, 1999 8:00 am Secretary of State Secretary of State

02-19-1999 90068 040 \*\*\*150.00

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EXPRES:	s Pack, I	INC.									
								# ( <b>201128</b> ) (1 <b>8</b> 1018) ( <b>2</b> 014 <b>20</b> 14) <b>20</b> 14			
Principal Place of Business Mailing Address									1016) ((11) 01		
13831 SW 59 STREET 13831 SW 59 STRE				SW 59 STREET	ET						
SUITE 101A SUITE 101A				-				DO NOT WRITE IN THIS SPACE			
MIAMI FL 33183 MIAMI FL 33183								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
								12/28/1998			
Principal Place of Business     2a. Mailing.				Mailing Address				12/20/1990 4. FEI Number		LAn	oplied For
21				26				65-0887460		<u> </u>	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.						Additional	
22			27	27			5. Certifcate of Status Desired		Fee Re		
City & State				City & State			6. Election Campaign Financing		\$5.00	May Be	
23			28					Trust Fund Contribution	<u> </u>	Added	to Fees
Zip		Country	—	Zip .	Coun	try		8. This corporation owes the curre	ent year inta		_
24		25	29		30			Personal Property Tax.		Yes	<b>X</b> No
	9. Name	and Address of Curr	rent Registe	red Agent		81 N		10. Name and Address of New Ro	egistered /	Agent	
FARE	REGA, ROD	RIGO			ľ	°'  '`	lame C	TOTAL CERTIFIE			
						82 S	treet Addre	ess (P.O. Box Number is Not Acceptal	ble)		
2333 BRICKELL AVENUE APT 516				-	B3	7.7	7,50 GV 11 FE AVIT		•		
	A FL 33129	1			[	-3				•	
						84 C	ity	t parama in pagaman		85 Zip (	Code
44 Durauant	t to prove	An al Sections 6/20	E02 and 607	1500 Florido Statu	as the sh			A. A. No.	FL		
office or	r sterer g	both, in the Sta توراطة	ite of Florida.	. 1506, rionoa statui . Such change was a	es, the ab outhorized	by the	comoration	ration submits this statement for the parties board of directors. I hereby accept	t the appoir	changing its itment as re	gistered
anent .				·		by life	oo.po.a.o.				
agent, re	m samiting M	ith <u>متثورا ج</u> معهt the obli	igations of, S	ection 607.0505, Flo	rida Statul	es.	00.00.00.0	ration submits this statement for the paration submits this statement for the paration statement for the paration submits this statement for the paration submits the paration su	ب بيد الروا	, :	
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SIGNATUR⊮	ignature, 19	as printed mains or registered a	agent? 38 / ag	cplicable. (NOTE	: Registered A	gent sig		when reinstating)	DATE	· · ·	
SIGNATUR⊯ 12.	gnature,	as printed mains or registered a	agent? 38 / ag	pulicable. (NOTE	: Registered A	gent sig		when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATUR#  12.  TITLE  NAME	D FABREGA	OFFICERS	again字 面/in AND Dir/20	pulicable. (NOTE	13. 1.1 TITL 1.2 NAM	gent sig	nature required	when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATUR#  12.  TITLE  NAME	D FABREGA	OFFICERS, RODRIGO KELL AVENUE APT	again字 面/in AND Dir/20	pplicable. (NOTE	13. 1.1 TITL 1.2 NAM 1.3 STR	gent sign	pature required	when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATUR 12.  17.  17LE  NAME  STREET ADDRESS	D FABREGA 2333 BRIC	OFFICERS, RODRIGO KELL AVENUE APT	again字 面/in AND Dir/20	pplicable. (NOTE	13. 1.1 TITL 1.2 NAM 1.3 STR	gent sign E E EET ADD	pature required	when reinstating)	DATE	D DIRECTO	ORS IN 12
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14. I hereby certify that the information supplied with this filing indicated on this annual report or supplemental annual perfector of the corporation or the receiver of this Block 12 or Block 13 if changed, or on an attachment with

ually for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with all other like empowered.

SIGNATURE:

- Rodrīgo Dfabrega