**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 25, 1999 8:00 am Secretary of State 03-25-1999 90065 014 \*\*\*150.00

DOCUMENT #	P980001081	09

DOCU	IMENT # P98000	108109				
	D INVESTMENTS, INC.					
Principal Pla	ce of Business	Mailing Address	····			i (1005/1005) till derar teritt auftir betrit der i ten annen betrit betrit den bened i bete tret den te bet
2699 COLLINS	AVENUE	2699 COLLINS AVENUE				
SUITE 120 SUITE 120 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140						DO NOT WRITE IN THIS SPACE
						3. Date incorporated or Qualified
						12/30/1998
2 Principal	Place of Business	2a. Mailing Address				4. FEA Number Applied For
21	· lood of Duoman	26				APPLIED FOIL Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired 3.8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & Sta	ate	City & State		= -		-5. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		untry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent
SKR	LD, INC.			["]		
	ALAHAMBRA CIRCLE			82	Street A	Address (P.O. Box Number is Not Acceptable)
	E 1102			83		
	AL GABLES FL 33134					
••••				84	City	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered age	IND DIRECTORS	TE: Registere:	d Agen	t signeture re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	PD	☐ DELETE	1.1 11	m.E		☐ Change ☐ Addition
NAME	URIBARRI, JUAN CARLOS		12N	AME	ļ	
STREET ADDRES	s 2699 COLLINS AVENUE SUITE	120	1.35	TREET	ADDRESS	·   '
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.40	ITY-SI	-ZIP	
TITLE	VP	☐ DELETE	2.117	TLE	- 1	Change Addition
NAME	ELENA NEGRIN, MARIA		2.2 N	AME	ŀ	NEGRIN, MARIA ELENA
STREET ADDRES		120			ADDRESS	
CITY-ST-ZEP	MIAMI BEACH FL 33140			TY-S	T-ZIP	Change Addition
TITLE	STD	DELETE	317		- 1	. Gamba Disease.
NAME	URIBARRI, MAGALI Si 2699 COLLINS AVENUE SUITE	100	32N		ADDRESS	
STREET ADDRES	MIAMI BEACH FL 33140	120		TY-S		
CITY-ST-ZIP	MINUM DENOTIFE SSTRU	☐ DELETE	3.4. C	_	1-car	Change Addition
NAME		I I DELETE				
	1	O percie	4.2 N	AME	į	
	s	O pereie	- 6		ADDRESS	
STREET ADDRES	s	O OELETE	4.3 \$			
	5	DELETE	4.3 \$	TREET		☐ Change ☐ Addition
STREET ADDRESS	5	_	43 S	TREET ITY-ST		
STREET ADDRESS CITY-ST-ZIP		_	43 S 4.4 Cl 5.1 Π 5.2 N	TREET ITY-ST ITLE AME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ DELETE	4.3 S 4.4 Cl 5.1 Π 5.2 N 5.3 S 5.4 Cl	TREET TIV-ST TILE AME TREET	ADDRESS	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		_	4.3 S 4.4 Cl 5.1 Tl 5.2 N 5.3 S 5.4 C 6.1 Tl	TREET TILE AME TREET TILE TILE	ADDRESS	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DELETE	4.3 S 4.4 CI 5.1 TI 5.2 N 5.3 S 5.4 C 6.1 TI 6.2 N	TREET TILE AME TREET TILE TILE AME TREET TILE AME	ADORESS - ZP	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	s .	□ DELETE	4.3 ST 4.4 CD 5.1 TH 5.2 N 5.3 ST 5.4 CD 6.1 TH 6.2 N 6.3 ST 6.3 ST 6.2 N 6.3 ST	TREET TILE AME TREET TILE TILE AME TREET TILE AME	ADORESS - ZP ADORESS	☐ Change ☐ Addition

is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empoyed to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in radious, with all other like empowered. I hereby certify that the information supplied with this fill indicated on this annual report or supplemental annual reformer of the corporation or the receiver or in Block 12 or Block 13 if changed, or on an attachment