**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # S00703

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## **Katherine Harris** Secretary of State

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90149 040 \*\*\*150.00

Principal Place of Business         Mailing Address           7001 SW 97TH AVE. MIAMI FL 33173         7001 SW 97TH AVE. MIAMI FL 33173           DO NOT WRITE IN THIS SPACE           3. Date Incorporated or Qualifed 09/19/1990           2. Principal Place of Business         2a. Mailing Address         4. FEI Number 65-0294554         Applied Fc 65-0294554           Suite, Apt. #, etc.         Suite, Apt. #, etc.         5. Certificate of Status Desired         \$8.75 Addition. Fee Required           City & State         City & State         6. Election Campaign Financing Trust Fund Contribution         \$5.00 May Be Added to Fees           Zip         Country         Zip         Country         8. This corporation owes the current year Intangible Personal Property Tax.         No.
7001 SW 97TH AVE. MIAMI FL 33173  2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Suite, Apt. #, etc. 3. Date Incorporated or Qualifed 09/19/1990  4. FEI Number 65-0294554 Not Applied For 65-0294554 Not Applied Fee Required Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Faes  Zip Country  Zip Country  Zip Country  8. This corporation owes the current year Intangible
MIAMI FL 33173   MIAMI FL 33173   DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualifed 09/19/1990  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0294554 Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State City & State Zip Country  Zip Country  3. Date Incorporated or Qualifed 09/19/1990 Applied Fee Required Fee Required  \$5.00 May Be Added to Fees Added to Fees
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Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Zip  Country  Zip  Country  Suite, Apt. #, etc.  5. Certifcate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  Added to Fees  Addition.  Fee Required  \$5.00 May Be Added to Fees
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Zip Country Zip Country 8. This corporation owes the current year Intangible
24   25   29   30   Personal Property Tax. — 165 — 165
g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name
CARRICARTE MICHAEL
LXZL Street Address LE O. Box Nilmber is Not Acceptable.
7001 SW 97TH AVE.
MIAMI FL 33173
84 City FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register.
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating)  DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
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Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  1.1 TITLE  1.1 TITLE  1.1 TITLE
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33173  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME  1.3. TITLE  1.4. CITY-ST-ZIP  MIAMI FL 33173  1.4. CITY-ST-ZIP
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  D DELETE  1.1 TITLE  NAME  CARRICARTE, MICHAEL  STREET ADDRESS  7001 SW 97TH AVE.  1.3 STREET ADDRESS
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12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  NAME  CARRICARTE, MICHAEL  STREET ADDRESS  CITY-ST-ZIP  NAME  CARRICARTE, JENNIFER L.  TOURY OF THE PROOF OF THE P
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  NAME  CARRICARTE, MICHAEL  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33173  TITLE  P  NAME  CARRICARTE, JENNIFER L.  STREET ADDRESS  TOOL SW 97TH AVE.  1.4 CITY-ST-ZIP  MIAMI FL 33173  1.5 CARRICARTE, JENNIFER L.  2.2 NAME  STREET ADDRESS  TOOL SW 97TH AVE.  2.3 STREET ADDRESS  TOOL SW 97TH AVE.  2.3 STREET ADDRESS  TOOL SW 97TH AVE.  2.3 STREET ADDRESS  TOOL SW 97TH AVE.  TITLE  P  CARRICARTE, JENNIFER L.  TOOL SW 97TH AVE.  2.3 STREET ADDRESS  TOOL SW 97TH AVE.
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12. OFFICERS AND DIRECTORS TITLE NAME CARRICARTE, MICHAEL STREET ADDRESS CITY-ST-ZIP NAME CARRICARTE, JENNIFER L. STREET ADDRESS TREET ADDRESS
Signature, lythed or primed name of registered agent and little if applicable.   NOTE: Respirator agent an
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CITY-ST-ZIP 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 signature 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED O C. OPOPICO