**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90202 049 \*\*\*158.75

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Principal Place	of Business	Mailing Address			
2730 SW 3RD AVE SUITE 206 MIAMI FL 33129 US		2730 SW 3RD AVE SUITE 206 MIAMI FL 33129 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  10/25/1990	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
<del></del>	CRANWOOD DRIVE		91438	65-0224495	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	55.00 May Be
23 Key BISCATME, F/		28 Key BISCAINC, FI		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curre	
24 331		29 <i>33249</i> 3	0 U5A	Personal Property Tax.	¥Yes □No
	9. Name and Address of Current	Registered Agent	<u> </u>	10. Name and Address of New R	egistered Agent
			81 Name		
	CADELLA, MARIANO	. 116	() 82 Street Add	dress (P.O. Box Number is Not Accepta	ble)
JUNCADELLA, MARIANO 2730 SW 3RD AVE SUITE 206 MIAMI FL 33129 ENTERED AUG			270	CLANWOOD DRIV	2
	E 206	TATERED	83		ì
MIAN	MI FL 33129	Eldin	84 City's		85 Zip Code
			1   1   2	BISCATIVE	FL     <i>33/4</i> 9
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes		rporation submits this statement for the tion's board of directors. I hereby accep	purpose of changing its registered t the appointment as registered
Office of re	egistered agent, or both, in the State of	n rionua. Such change was auc	ionzed by the corpora		tale appointment to distance
agent. I a	m familiar with, and accept the obligati	ions of, Section 697.0505, Florid	a Statutes.		
agent. I a	m familiar with, and accept the obligati	ions of, Section 697.0505, Florid	a Statutes.		2/11/99
agent. I a	m familiar with, and accept the obligation of the state o	and title if applicable. (NOTE: Re	a Statutes.	ired when reinstating)	2/11/99 DATE
agent. I and SIGNATURE	m familiar with, and accept the obligation of the control of the c	and title if applicable. (NOTE: Ri	a Statutes.  egistered Agent signature requi	ired when reinstating)	DATE DIRECTORS IN 12
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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 an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS