PROFIT CORPORATION ANNUAL REPORT



, FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S11843

FILED Feb 01, 1999 8:00am Secretary of State

02-01-1999 90015 033 ***150.00

	WEN # 511843	•			
Corporation	n Name				
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Principal Plac	e of Business	Mailing Address		t idelides ibi iteat tibat inter atdan tili bin	n millis bilter mimit mints mints fant
6751 WEST FL	AGLER STREET	6751 WEST FLAGLER STREE	т .	9	
MIAMI FL.3314		MIAMI .FL 33144			ے۔ ان کی محصولات کا
		· · · · · ·		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed	•
				11/09/1990	
	Place of Business	2a: Mailing Address	•	4. FEI Number	Applied For
21		26		65-0227249	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	te .	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 3	0	Personal Property Tax.	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
er.	COLEY CHOICE		81 Name		
	ESLEY, CUSIEL		82 Street A	dress (P.O. Box Number is Not Acceptable)	
	7 SW 16 ST	•		the second secon	and the second second second second second
	TE 500		83		
, MA	MI FL 33145	•	84 City	1 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	. 85 Zip Code
		and the second second	0.1,	F	L " =
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named co	prporation submits this statement for the purpose	of changing its registered
office or i	registered agent, or both, in the State of im familiar with, and accept the obligation	r Florida, Such change was auti	nonzea by the corpora	ation's board of directors, I hereby accept the app	ontment as registered
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		5/13 01, 0001/01/00/.0000, 1 10/10			
SIGNATURE	Signature, typed or printed name of registered agent a		egistered Agent signature req	uired when reinstating) OATE	
		and title if applicable. (NOTE: R	•		AND DIRECTORS IN 12
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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 copporation 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 granged, or or an attachment with an address, with all other like empowered.

SIGNATURE: JUST GNATURE REQUIRED

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Daytime Phone

RSE034 (11/98)