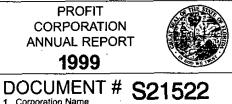
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90046 043 ***150.00

JUSE F	VALDIVIA, III, P.A.				ļ				
Principal Place	e of Business	Mailing Address		_		I SABATATA ILA SIARI ISADI AISID ILAIN I	LOI WERFI WIWI	I MINIT ASDSI	
200 S. BISCAYNE BLVD. 200 S. BISCAYNE BLVD. SUITE 4100 SUITE 4100 MIAMI FL 33131 MIAMI FL 33131						DO NOT WRITE	IN THIS SI	PACE	
US		US FOREST A SAME.		,	~ [3. Date Incorporated or Qualifed			İ
O Delegate of D	la configuration	2a. Mailing Address		_		12/28/1990 4. FEI Number		ΙΔ	pplied For
-	lace of Business	2a. Mailing Address				65-0246015		\vdash	lot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		_					Additional
22		27				5. Certifcate of Status Desired	7	Fee R	tequired
City & Stat	e .	City & State				6. Election Campaign Financing	 -	\$5.00	May Be
23		28			ļ	Trust Fund Contribution]		to Fees
Zip	Country	Zip	Coun	lry		8. This corporation owes the current			_
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	istered Aç	gent	
			1	31 Name	,				
	e f. valdivia, III s. biscayne blvd.		8	32 Street	Addres	s (P.O. Box Number is Not Acceptable)	-	
	E 4100		1	33	***		_		
MIAI	VII FL 33131			34 City				85 Zip	Code
			Į.			ation submits this statement for the pu	FL	[]	
agent. I a	m familiar with, and accept the obligations typed or printed name of registered age	ations of, Section 607.0505, Flor	ida Statut	es.		's board of directors. I hereby accept the	DATE	· :	
12.	OFFICERS AI	ND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICE	FRS AND	DIRECT	ORS IN 12
TITLE	PSTD					ADDITIONS/CHANGES TO OFFIC			
NAME .	VALDIMA, JOSE F., III	☐ DELETE	1.1 TITL	E	T	ADDITIONS/GNANGES TO OFFIC		Change	
STREET ADDRESS	l	_	1.1 TITL 1.2 NAW			ADDITIONS/GIANGES TO OFFIC			
	200 S. BISCAYNE BLVD., SUI	_	1.2 NAM		3	ADDITIONS CHANGES TO OTHE			
CITY-ST-ZIP	200 S. BISCAYNE BLVD., SUI MIAMI FL	TE 4100	1.2 NAM 1.3 STR 1.4 CITY	IE EET ADDRESS '-ST-ZIP	5	ADDITIONS/CHANGES TO OTHE		Change	☐ Addition
CITY-ST-ZIP	200 S. BISCAYNE BLVD., SUI	_	1.2 NAV 1.3 STR 1.4 CITY 2.1 TITL	IE EET ADDRESS '-ST-ZIP E	5	ADDITIONS/CHANGES TO OTHE			☐ Addition
	200 S. BISCAYNE BLVD., SUI	TE 4100	1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	IE EET ADDRESS '-ST-ZIP E		ADDITIONS CHANGES TO OTHE		Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 S. BISCAYNE BLVD., SUI	DELETE	1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT	EET ADDRESS '-ST-ZIP E EET ADDRESS Y-ST-ZIP E E E E E Y-ST-ZIP	5			Change	Addition Addition
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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 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.

SIGNATURE:

CITY-ST-ZIP