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

./ PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S39100 1. Corporation Name

DEFUDING CORP

Principal Place of Business	Mailing Address
7270 NW 12TH ST., SUITE 260	7270 NW 12TH ST., SUITE 260
MIAMI FL 33126	MIAMI FL 33126

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90009 037 ***150.00



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Principal Place	e of Business	Mailing Ad	dress					217 21271 2121			
7270 NW 12TH ST., SUITE 260		7270 NW 12	7270 NW 12TH ST., SUITE 260								
MIAMI FL 33126 MIAMI FL 33126						DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualifed	1N 11113 31	FACE		1
		44-10-4	Addes				03/18/1991 4. FEI Number			olied For	1
	lace of Business	2a. Mailing	Address								1
21		26	N 44				65-0321449		4	Applicable	
Suite, Apt.	#, etc.	<u>├</u> ─┐ '	Apt. #, etc.				5_ Certifcate of Status Desired	J	\$8.75 A		
22		27	04-4-					-		·	1
City & Stat	e	City &	State				6. Election Campaign Financing		\$5.00	, ,	
23		28		0			Trust Fund Contribution		Added to	rees	1
Zip	Country	— ·	Zip Country				8. This corporation owes the current year Intangible Personal Property Tax				
24	25	29	30				1 Clock at 1 Topolty Tax				
	9. Name and Address of Curr	rent Registered Ag	gent		81	Name	10. Name and Address of New Reg	istered Ag	jent		ł
DON	ETTI ENDIQUE ESQ				"	Name	•				
	IETTI, ENRIQUE ESQ.				82	Street Add	iress (P.O. Box Number is Not Acceptable	;)			ĺ
	I NORTH BAY ROAD						Constitution of the second of the second		<u> </u>		
MIAI	MI BEACH FL 33140				83				13.3.4	133	
					84	City		T 1 2 4 4 7	85 Zip C	ode	
						-		- FL	ļ ·		j
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obl	ate of Florida. Such	change was at	uthorized	יעם נ	the corporati	poration submits this statement for the purion's board of directors. I hereby accept the	pose of ch e appointr	nent as reg	registered jistered	
SIGNATURE								DATE			١.
	Signature, typed or printed name of registered				Agen	t signature require	ed when reinstating)		DIRECTO	DC IN 12	6
12.		AND DIRECTORS	DELETE	13.	n r	<u> </u>	ADDITIONS/CHANGES TO OFFIC		Change	Addition	1 =
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NAME	BONETTI, ENRIQUE			1.2 N							8
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NAME				2.2 NAME							
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STREET ADDRESS				0.5 \$	REE	ADDITESS				l l	ı

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: