Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90139 022 ***150.00

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

Mailing Address Mailing Ad	1. Corporation	MENT # S40376 SOCIATES, INC.							
### 1916 DO NOT WRITE IN THIS SPACE	Principal Place	of Business	Mailing Address				f indiana iii dinii aniba (iii india arii aia	il Arate miner aran asa	31 61811 1881
2. Principal Place of Business	9820 SW 124 CT P O BOX 16-16 MIAMI FL 33186 MIAMI FL 33116						DO NOT WRITE IN TH	IIS SPACE	
2	U\$		US				3. Date Incorporated or Qualifed		
2. Principal Place of Business									
Sulfa, Apt. #, efc. 27 27 27 27 27 27 27 2	2. Principal Pla	ace of Business	2a. Mailing Address					1	
Suite, Apt. Fi. etc. 27	21						65-0252246		
City & State	Suite, Apt. #	ŧ, etc.	<u> </u>				5. Certificate of Status Desired		
Trust Fund Contribution	22						& Election Campaign Financing		
Zip Country Zip Country Striss corporation over the current year intengible Personal Property Tax. Yes No)	-				1 · · · · · · · · · · · · · · · · · · ·		
25		Country		Cou	intry		8. This corporation owes the current year	Intangible	
9. Name and Address of Current Registered Agent COWAN, PAUL M. 100 S. BISCATWE BLVD. SUITE 1101, ONE BAYFRONT PLAZA MIAMI FL 33131 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 registered agent. and adaptent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 5050, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE MARTINEZ, JOSEPH A. 12. NAME MARTINEZ, JOSEPH A. 12. NAME MARTINEZ, JOSEPH A. 12. NAME STREET ADDRESS OTY-ST-ZP MIAMI FL DELETE 11. TITLE D			29	30			Personal Property Tax.	☐ Yes _ [No
COWAN, PAUL M. 100 S. BISCAYNE BLVD. SUITE 1101, ONE BAYFRONT PLAZA MIAMI FL 33131 B4 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 registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and that is epictosis. SIGNATURE Signature, typed or provide name of registered agent and that is epictosis. NOTE Registered Agent agretuation required when reflectation. OATE Signature, typed or provide name of registered agent and that is epictosis. NOTE Registered Agent agretuation required when reflectation. OATE Signature, typed or provide name of registered agent and that is epictosis. NOTE Registered Agent agretuation required when reflectation. OATE Signature, typed or provide name of registered agent and that is epictosis. NOTE Registered Agent agretuation required when reflectation. OATE	24]		nt Registered Agent		Ц,		10. Name and Address of New Register	ed Agent	
100 S. BISCAYNE BLVD. SUITE 1101, ONE BAYFRONT PLAZA MIAMI FL 33131 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits statement for the pursuant of changing its registered agent, and familiar with, and accept the obligations of, Section 607.6508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.6508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 607.6508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 607.6508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 607.6508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 607.6508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the appointment as registered agent, and accept the appointment as registered of directors. I hereby accept the appointment as registered office of the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered agent, and accept the appointment as reg	-				81	Name			
MIAMI FL 33131 B4 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 registered offices or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, agen	100	S. BISCAYNE BLVD.				Street Ad	ddress (P.O. Box Number is Not Acceptable)		
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 registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of. Section 607,0505, Florida Statutes. SIGNATURE 12		•	A		83				
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 registered office or registered agent, or both, in the State of Florida. Such change was sutherized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE	MIAN	II FL 33131			84	City	Francisco Const.	85 Zip C	ode
12.	agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, Fl	orida Stat	tutes		uired when reinstating) DATE		
TITLE				13.			ADDITIONS/CHANGES TO OFFICERS		
MANUAL STREET ADDRESS SACITY-ST-ZIP MIAMI FL		D	☐ DELETE	1.1 T	TILE		·	Change	☐ Addidon 3
MAMIFIE	NAME	MARTINEZ, JOSEPH A.		1.2 N	AME	ľ			
DELETE Change Addition	STREET ADDRESS	9820 S.W. 124TH CT						4	
MARTINEZ, CRISTINA	CITY-ST-ZIP	MIAMI FL	CI DELETE			T-ZIP		Change	Addition
NAME	TITLE		☐ DEFEIG					·. •	_
STREET ADDRESS STRE	NAME					T 40000000			
CITY-ST-ZIP Change Addition		*					• • •	* *	
NAME		MIAMI FL	☐ DELETE	_	$\overline{}$	51-ZIP	and the state of t	Change	Addition
STREET ADDRESS 33 STREET ADDRESS 34. CITY-ST-ZIP Change Addition		•	_						
CITY-ST-ZIP				3.3 9	TREE	T ADDRESS			
TITLE						4			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE 1 DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 STREET ADDRESS 6.5 STREET ADDRESS			☐ DELETE	4.1 7	TITLE			☐ Change	Addition
Addition				4.2	NAME				
DELETE DELETE 5.1 TITLE Change Addition	STREET ADDRESS			4.3 9	STREE	TADDRESS		, 5	
TITLE	CITY-ST-ZIP					ST-ZIP	<u> </u>	Change	Addition
STREET ADDRESS	TITLE		☐ DELETE					□ cuange	
STREET ADDRESS	NAME			ı		TADOBECC		\$	
CITY_ST_ZIP	STREET ADDRESS					1		•	
TITLE NAME 62 NAME 63 STREET ADDRESS			□ ncicte			21-ZIF		Change	Addition
NAME 6 9 STREET ADDRESS			□ DELETE	L L				_ •	_
	NAME STREET ADDRESS						•		

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. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE: