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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # S42383

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90024 001 ***150.00

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	H

Total Division Products	Mailing Address						
				•			
25 SW 127 ST P. O. BOX 160917 AMI FL 33176 MIAMI FL 33116-0917 SUS				DO NOT WRITE IN THIS SPACE			
				3. Date incorporated or Qualifed			
				04/01/1991			
Principal Place of Business	2a. Mailing Address			4. FEI Number	Ľ	Applied For	
	26			65-0254650		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		- .	5. Certificate of Status Desired		5 Additional e Required	
City & State	City & State			B. Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees	
Zip Country	Zip Country 29 30		This corporation owes the current year Inta Personal Property Tax.	ngible Yes	No		
9. Name and Address of Current		L		10. Name and Address of New Registered	gent		
,		81	Name				
FLORENTIN, BARUH 9725 S.W. 127TH STREET		82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
MIAMI FL 33176	•	83					
,		84	City	FL	85	Zip Code	

agent. í a	m familiar with, and accept the obligations of, Section	607.0505, Florida	a Statutes.			į
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	, (NOTE: Re	gistered Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTO	
TITLE	DSP	☐ DELETE	1.1 TITLE		Change	Addition
NAME	FLORENTIN, BARUH	•	1.2 NAME		•	,
STREET ADDRESS	ATTACA AND ASSESSED OF		1.3 STREET ADDRESS			Ì
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP			
TITLE	DVP	☐ DELETE	2.1 TITLE		Change	Addition
NAME	SHOER, EFRAINN		2.2 NAME			j
STREET ADDRESS			2.3 STREET ADDRESS			· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP			
TITLE	DT	DELETE	3.1 TITLE		· [] Change	☐ Addition
NAME	GARZON, ISAAC	,	3.2 NAME			ł
STREET ADDRESS	9725 S.W. 127TH ST.		3.3 STREET ADDRESS			l
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP	 		
TITLE		DELETE	4.1 WILE		☐ Change	☐ Addition
NAME			4.2 NAME			ţ
STREET ADDRESS			4.3 STREET ADDRESS			ſ
CITY-ST-ZIP)		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME	}		5.2 NAME	-		}.
STREET ADDRESS	<i>,</i>		5.3 STREET ADDRESS			}
CITY-ST-ZIP			5.4 CITY+ST-ZIP	<u>. </u>		~ ~~ }'
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME	{		6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
	(64 CTY-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.

SIGNATURE:

3/24/99