## 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 # S45210

PIECIES	IŅC.							
Principal Place	e of Business	Mailing Address					INII AIDI) 1861	
7045 SW 83 PL 7045 SW 83 PL MIAMI FL 33143 US US				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed	* 0		
					04/15/1991		Sed Co.	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		olied For	Ş
		26			65-0263476		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 A Fee Re		•
City & Stat	e	City & State			6. Election Campaign Financing	<u>\$5.00</u>		<u>نــ</u>
23		28			Trust Fund Contribution	Added t	Fees	
Zip	Country	Zip	Country	1	8. This corporation owes the current year		I	
24	25	1	30		Personal Property Tax.	Yes	□No	
	9. Name and Address of Cur	rrent Registered Agent	0.4	I Maria	10. Name and Address of New Registe	red Agent		
LEVI	VA BELEVE		81	Name	• .	:		
LEYVA, BELKYS 18710 N.W. 46TH AVE. MIAMI FL 33055			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	8: *1: * '7: * *: \$15: * . \$16_	er oako ku	
		83			25.并翻翻			
			84	City	7 5 5 1 1 2 5 5 1 1 2 5 5 5 1 2 5 5 5 5 5	<b>FL</b> 85 Zip C	ode	
SIGNATURE	Signature, typed or printed name of registered	Digations of, Section 607.0505, Floridagent and title if applicable.  NOTE:			d when reinstating) ( DAT ADDITIONS/CHANGES TO OFFICER			(86/
TITLE	D	☐ DELETE	1.1 TITLE	_ `	18 3347 50	☐ Change	☐ Addition	Ξ
NAME	LEYVA, BELKYS		1.2 NAME					75
STREET ADDRESS	50.45 Old 00 DI		1.3 STREE	T ADDRESS	•			μ
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY- S	ST-ZIP				à
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	١٠
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STREET ADDRESS			2.3 STREE	TADDRESS	•	••		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				
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CITY-ST-ZIP					, and a second s		/ Ritiari	
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STREET ADDRESS		☐ DELETE				Change	*** Tageston	
		☐ DELETE	4.1 TITLE 4.2 NAME			Change	KIE LI AUGINOTI	
CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5	T ADORESS				
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			4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADORESS ST-ZIP				
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CITY-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.

6.4 CITY+ST-ZIP

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90026 029 \*\*\*150.00