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

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90006 002 ***158.75

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Principal Place	e of Business	Mailing Address	1				81811 8 1811	., 616)) (44)	
5520 W FLAGLER ST.		5520 W FLAGLER ST.							
MIAMI FL 33134		MIAMI FL 33134			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed				
	•				05/02/1991				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			ed For	
21		26			65-0277490			Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		75 Add e Requi		
22 City & State		27 City & State			======================================		00-ме		
23	المراجعين	28			Trust Fund Contribution		ded to F		
Zip	Country	Zip	Countr	у	8. This corporation owes the current year	Intangible			
24	25	29	30		Personal Property Tax.	Yes]No	
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registere	d Agent			
505	EDTO MEGA	~ ·	81	1 Name					
ROBERTO, MESA 4565 SW 87TH AVE.			82	2 Street Add	Address (P.O. Box Number is Not Acceptable)				
	M) FL 33165		8:						
MUAN	WII FE 33 183		8.	3					
			84	4 City	F	85	Zip Coo	de	
11 Dumuent	to the armiddee of Sections 6079503	2 and 607 1508. Florida Statute	s the abov	ve-named con			its rec	gistered	
11. Pursuant office or r	to the provisions of Sections 607.9502 registered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida. Such change was au	s, the above thorized by	ve-named corp y the corporat			ng its reg as regis	gistered stered	
	to the provisions of Sections 607.9502 registered agent, or both in the State of familiar with, and accept the obligat	2 and 607.1508, Florida Statutes of Florida, Such change was au- ions of, Section 607.0505, Flori	s, the abor thorized by da Statute	ve-named corp y the corporat s.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app		ig its reg as regis	gistered stered	
11. Pursuant office or reagent. I as	(Malana)				poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the property of the property of the property of the purpose of th	of changir pointment			6
	Signal by Liped or pulled game of replacered agent OFFICERS AN	t and title if applicable. (NOTE: I	Registered Age	ent signature requir	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changir pointment a	CTORS	S IN 12	100)
SIGNATURE	Signature Competition Division Officers And	t and title if applicable. (NOTE: F	13.	ent signature requir	poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the property of the property of the property of the purpose of th	of changir pointment	CTORS		(44,00)
SIGNATURE	Signature Local or political name of reparent agent OFFICERS AND DVSD MESA, MARTHA J.	t and title if applicable. (NOTE: I	13.	ent signature requir	poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the property of the property of the property of the purpose of th	of changir pointment a	CTORS	S IN 12	(007 (11 (00)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Stynesty Law of policy name of reparent agent OFFICERS ANI DVSD MESA, MARTHA J. 4565 SW 87TH AVENUE	t and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME	ent signature requir	poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the property of the property of the property of the purpose of th	of changir pointment a	CTORS	S IN 12	011034 (11,08)
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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 experience 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 of the receiver of 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: