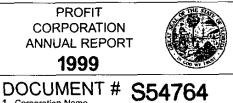
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90108 048 ***150.00

A.S.C.I. OF MIAMI, INC.					
Principal Place	of Business	Mailing Address	-		
8390 W. FLAGLER ST. 8390 W. FLAGLER ST.					
SUITE 104 SUITE 104					DO NOT MODITE IN THIS SPACE
MIAMI FL 33144 MIAMI FL 33144					DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed 05/23/1991
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For
21		26			65-0263735 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State City & State					\$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year Intangible
24	25	29 30	0		Personal Property Tax. Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
MAS	Trapa, Roberto A.		81	Name	·
8390 W. FLAGLER ST.			82	Street /	t Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33144			83		
!			84	City	FL 85 Zip Code
				L	
I office or re	to the provisions of Sections 607.0502 agistered agent, or both, in the State on tamiliar with, and accept the obligat	ot Florida. Such chande was auth	ionzea oi	ine corbo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE					s required when reinstating) DATE
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13.	int signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD OFFICERS AN	DELETE	1.1 TITLE		S/T Change X Addition
NAME	MASTRAPA, ROBERTO A		1.2 NAME	}	(5/ 1
	9220 SW 21ST TERR	ļ	_	T ADDRESS	MASTRAPA, YVONNE M
STREET ADDRESS					9220 SW 2131 TERK
CITY-ST-ZIP			1.4 CITY-1 2.1 TITLE	S1-ZIP	MIAMI FT. Change Addition
TITLE			2.7 TILE 2.2 NAME		
NAME			i	T ADDRESS	
STREET ADDRESS					3
CITY-ST-ZIP		□ DELETE	2.4 CITY- 3.1 TITLE	S1-ZIP	Change
TITLE		I'''] OEFE LE	Į.		
NAME			3.2 NAME		
STREET ADDRESS			1	TADDRESS	
CITY-ST-ZIP			34 CITY-	ST-ZIP	Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change (1) Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	TADORESS	3
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		į	5.2 NAME	Į	
STREET ADDRESS			5.3 STREI	ET ADDRESS	s

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 of changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

(305)554-6441

☐ Change

☐ Addition