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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 28, 1999 8:00am Secretary of State

01-28-1999 90012 023 ***150 0

DOCU	MENT # S71302			01-28-1999 90012 023 ***	150.00
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Principal Plac	e of Business	Mailing Address			
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WEST PALM BEACH FL 33411 WEST PALM BEACH FL 334			11		
				DO NOT WRITE IN 3. Date incorporated or Qualifed	THIS SPACE
ļ			•	07/31/1991	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0273341	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	· · · · · · · · · · · · · · · · · · ·	27		3. Serializate of States Seames	Fee Required
City & Stat	e	City & State	•	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	<u></u>	30	This corporation owes the current year Personal Property Tax.	ar Intangible
24	9. Name and Address of Current		,	10. Name and Address of New Registe	ered Agent
			81 Name		
	UEZ, JOSE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
) WENDY LN E IT PALM BEACH FL 33411			1. 5×3. 65 67 6 5 76 5 44 3	drigo, di S.C. di parte di Arte de descriptore di ancies
MES	I FALM DEACH FL 33411		83		
	• · · · · · · · · · · · · · · · · · · ·	,	84 City		85 Zip Code
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					
office or r	egistered agent, or both, in the State of	Florida: Such change was au	thorized by the corporation	on's board of directors. I hereby accept the a	ppointment as registered
			da Ctatutaa		and the second s
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes.		
agent. I a	m familiar with, and accept the obligation Signature, typed or printed name of registered agent a	ons of, Section 607.0505, Flori	da Statutes. Registered Agent signature require		
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agent. I a SIGNATURE 12. IIILE	Signature, typed or printed name of registered egent a OFFICERS AND PD	ons of, Section 607.0505, Flori	da Statutes. Registered Agent signature require 13. 1.1 TITLE	and when reinstating), $eta^{i_1i_2}$ DAT	E
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14. I hereby certify that the information supplied with this filing does flooqualify 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 copporation or the receiver or trusted 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 actives, with all other like empowered.

SIGNATURE

MULTER EMILED OCCULTY

198 198-2410 Date Daytine Phote #