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

Mailing Address

175 FONTAINEBLEAU BLVD.

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

May 04, 1999 8:00 am Secretary of State

05-04-1999 90218 003 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S76991**

1. Corporation Name

Principal Place of Business

175 FONTAINEBLEAU BLVD.

CITY-ST-ZIP

SIGNATURE:

LEREBOURS & ASSOCIATES, INC.

STE. 14-3 MIAMI FL 33172	72 MIAMI FL 33172				DO NOT WRITE IN THIS SPACE		
US	•	U\$			3. Date Incorporated or Qualifed		
		* -mar =			08/30/.1991		
2. Principal Pt	ace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
21 8		26			65-0281838	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23	-	28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Inta	ngible	6
24	25	29 30				☐ Yes	SiNO
<u> </u>	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registered A	gent	
			81	Name			
LEREBOURS, JOSEFINA			00	Ctus at A	ditions (D.O. Boy Number is Not Acceptable)		
175	FONTAINEBLEAU BLVD.	82 Street Ad		Street A	ddress (P.O. Box Number is Not Acceptable)		
SUIT	E 1A-3		83				
	AI FL 33172						
			84		FL	11	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes of Florida, Such change was auth	, the abov	e-named c	corporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoin	:hanging its tment as re	registered egistered
agent. I a	mailiar with, and accept the obligation	tions of, Section 607.0505, Florid	a Statutes	3.	i i i	. 100	<u></u>
SIGNATURE	11 ml and IN W					9 19	
OIGHATORE	Signatura, typed or printed name of registered agen		egistered Age	nt signature rec	quired when reinstating) DAM	<u>' </u>	,
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTO ☐ Change	ORS IN 12 Addition
TITLE	R V	☐ DELETE	1.1 TITLE			Change	Addition
NAME	LEREBOURS, JOSEFINA		1.2 NAME				
STREET ADDRESS	9760 SW-164TH STREET -	• • •	1.3 STREE	T ADDRESS	•		
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-S	ST-ZIP			
TITLE	VP	XX DELETE	2.1 TITLE		VP	⊡ Xhange	☐ Addition
NAME	REYES, JOSEPHINE		2.2 NAME		Jerebours Josefina		
STREET ADDRESS	18898 S.W. 127TH AVENUE		2.3 STREE	TADORESS 9	760 S.W. 164th Street		
CITY-ST-ZIP	MIAMI FL 33177		2.4 CITY-		Miami, FL. 33157		
TITLE	DT	☐ DELETÉ	3.1 TITLE	1	. ———	Change	Addition
NAME	LEREBOURS, JOSEFINA		3.2 NAME	į			
STREET ADDRESS	9760 SW 164TH STREET		3.3 STREE	TADORESS			
CITY-ST-ZIP	MIAMI FL 33157		3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4.2 NAME	:			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-1	ST-ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
]		5.4 CITY-	ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE			Change	☐ Addition
NAME -			6.2 NAME	- 1			
			6.3 STREE	TADORESS			•
STREET ADDRESS	1		6.4 CITY-	i			
CITY-ST-ZIP	I		0.4 01114	J. 48			

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 in state empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 # changed, or on an attachment with an address, with all other like empowered.

ME OF SIGNING OFFICER OR DIRECTOR

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