## 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 Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90228 029 \*\*\*158.75

Section   Surface   Surf	1. Corporation	MENT # S80137 ANCIAL CORP.										
### STATE OF HOURT STATE CONTROL THALEAR R. 33013    DO NOT WRITE IN THIS SPACE	Principal Place	of Business	M	ailing Address						II <b>G</b> ayal <b>Viv</b> il	41411 01011 1881	
#MALEAH FL 33013  Z. Principal Place of Business  Z. Mailing Address  A. File Number  A. File Struct Desired  A. File Required  File Required  A. File Required  A. Strift Address of Business  A. File Number  A. File Required  A. Strift Address of Business  A. File Number  A. File Required  A. File Required  A. Strift Address of Business  A. File Struct Centribution  A. Strift Address of Business  A. File Struct Centribution  A. Strift Address of Business  A. File Required  A.	3725 E 10TH COURT 3725 E 10TH CT											
S. Date Incorporated or Qualified   Supplied For	1 00112 721							DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business   2a, Malfing Address   4. FEI Number   65-0298683   Applied For   65-0298683   Not Applicable   65-0298683   Not Applicable   Not Applicable   Suite, Apt. #, etc.   20		<i>3</i> 10						3. Date Incorporated or Qualifed				
Souto, Apt. #, etc.  27  27  City & State  City & State  Zip	ļ							09/13/1991				1
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Sp. Certificate of Status Desired   Security   Sp. City & State   City & State   City & State   Sp. City &	2. Principal Pl	ace of Business	2a.	Mailing Address								]
27   28   28   29   20   28   30   30   30   30   30   30   30   3			26					65-0298663				┨
City & State 23		#, etc.	_	Suite, Apt. #, etc.			<u>.</u>	=52 Certificate of Status Desired	×			-
Zip			27	City & State				6 Floation Compaign Financing				1
Zip	<u> </u>	•	20	Ony & State								}
24		Country	1201	Zip	Country				nt year Intar	ngible		1
PRENTICE HALL CORPORATION SYSTEM INC 1201 HAYES ST STE 105 TALLAHASSEE FL 32301  44 City FL  85 Zip Code  11. 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 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 agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. TITLE  PD STANLINR, REMBERTO 15. TITLE  PD STANLINR, REMBERTO 15. TITLE  DVS  MASTRAPA, RUBEN 17. STREET ADDRESS 17. ST.2P  TITLE  DVS  MASTRAPA, RUBEN 17. STREET ADDRESS 17. ST.2P  TITLE  VTD  DELETE 17. STREET ADDRESS 17. ST.2P  TITLE  VTD  MARTINEZ, HENRY 17. STREET ADDRESS 17. ST.2P  TITLE  VTD  MARTINEZ, HENRY 17. STREET ADDRESS 17. ST.2P  TITLE  VTD  MARTINEZ, HENRY 17. STREET ADDRESS 17. ST.2P  TITLE  VTD  MARTINEZ, HENRY 17. STREET ADDRESS 17. ST.2P  TITLE  VTD  MARTINEZ, HENRY 17. STREET ADDRESS 17. ST.2P  TITLE  MARTINEZ, HENRY 17. ST.2P  MARTINEZ,	·	25	29	30	1			*			□No	
PRENTICE HALL CORPORATION SYSTEM INC  1201 HAYES ST STE 105  TALLAHASSEE FL 32301  4		9. Name and Address of Current	Regis	tered Agent				10. Name and Address of New Re	egistered A	gent		-
1201 HAYES ST STE 105 TALLAHASSEE FL 32301  131. 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 agent, a millian with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PD	DOC	MOE HALL CORROBATION CVC	7214	NC .	81	Name						
STE 105 TALLAHASSEE FL 32301  83 City FL 85 TALLAHASSEE FL 32301  84 City FL 85 TALLAHASSEE FL 32301  84 City FL 85 TALLAHASSEE FL 32301  85 TALLAHASSEE FL 32301  86 TALLAHASSEE FL 32301  87 TALLAHASSEE FL 32301  88 TALLA						Street A	ddre	ss (P.O. Box Number is Not Acceptab	ole)			1
TALLAHASSEE FL 32301  84 City  FL 85 Zip Code  11. 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 agent. I committee the committee of					-							}
St.   Part	,				83							]
11. 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 of original control of the collegations of Section 607.0503, Florida Statutes, the above-named corporation's board of directors. It hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. It hereby accept the appointment as registered agent and registered agent agent and registered agent agent and registered agent agent and registered agent agent and registered	i inte	A INOCEL TE OZGOT			84	City				85 Zip	Code	1
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent agent. If an familiar with exhibition of printed name of registered agent and title if applicable.    SIGNATURE     OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.		10 Continue of Continue CO7 0507	) and 6	207 1509 Florido Statutos	the above	named c	orno	ration submits this statement for the n	umose of c	 hanging its	s registered	1
agent. I am familiar with, and accept the obligations of, Section 607.0905, Findra Statutes.  SIGNATURE  Signature, typed or printed rame of registered agent and title if applicable. (NOTE Repatered Agent signature required when rematating)  12.	l office or re	egistered agent, or both, in the State o	of Florid	da. Such change was auth	onzea by	the corbo	ration	n's board of directors. I hereby accept	the appoint	ment as re	egistered	
Company   Comp	agent, 1 ai	m familiar with, and accept the obligat	ions of	, Section 607.0505, Florida	Statutes	i.						
12.	SIGNATURE	Signature, typed or printed name of registered agen	t and title	if applicable. (NOTE: Re	gistered Ager	nt signature re	quired					] ຄ
NAME BASTANZURI, REMBERTO STREET ADDRESS 3725 E 10TH CT HIALEAH FL  TITLE DVS MASTRAPA, RUBEN STREET ADDRESS OTTY-ST-ZP HIALEAH FL  TOTTUBLE DVS MASTRAPA, RUBEN STREET ADDRESS OTT-ST-ZP HIALEAH FL  TOTTUBLE VTD DELETE 31 TITLE VTD DELETE 31 TITLE NAME MARTINEZ, HENRY 32 STREET ADDRESS STREET ADDRESS TOTY-ST-ZP HIALEAH FL  TITLE DELETE 41 TITLE NAME STREET ADDRESS TOTY-ST-ZP TITLE NAME STREET ADDRESS TOTY-ST-ZP TITLE NAME STREET ADDRESS TOTY-ST-ZP TITLE DELETE 41 TITLE NAME STREET ADDRESS TOTY-ST-ZP TITLE DELETE STREET ADDRESS TOTY-ST-ZP TITLE DELETE STREET ADDRESS TOTY-ST-ZP TOTALE Change Addition Addition Change Addition					13.			ADDITIONS/CHANGES TO OFF	ICERS AND			Ì
STREET ADDRESS   3725 E 10TH CT	TITLE			☐ DELETE	1.1 TITLE					Change	∐ Addition	3
CITY-ST-ZIP	NAME (				1.2 NAME							3
TITLE	STREET ADDRESS				1.3 STREE	ADDRESS				•		Ì
NAME	1			□ BELETE □		T-ZIP				Change	noitibbA C	1 5
STREET ADDRESS   3725 E 10TH CT	}										- Addition	
CITY-ST-ZIP	{					T ADDDEDO						1
TITLE VTD		l '	- , -4	ಷ್ಣಾಕ್ <b>ಚಿತ್ರ</b> ್ ಕ್ಷಾಕ್ಷ್			-	a. <u> </u>	. +=			1
NAME   MARTINEZ, HENRY   3.2 NAME   3.725 E 10TH CT   3.3 STREET ADDRESS   CITY-ST-ZIP   HIALEAH FL   3.4 CITY-ST-ZIP   TITLE   Change   Addition   Addi				☐ DELETE		51-24		·	<u>.                                      </u>	Change	Addition	1
STREET ADDRESS   3725 E 10TH CT   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	Į l	, · <del>-</del>										
CITY-ST-ZIP	\				l.	TADDRESS						1
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         5.2 NAME         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         CY-ST-ZIP         Addition					3.4. CITY-5	ST-ZIP						
STREET ADDRESS				☐ DELETE	4.1 TITLE					☐ Change	Addition	
A4 CITY-ST-ZIP	NAME	. •			4. 2 NAME							1
TITLE         DELETE         5,1 TITLE         Change         Addition           NAME         52 NAME              STREET ADDRESS         5,3 STREET ADDRESS              CITY-ST-ZIP         5,4 CITY-ST-ZIP                Addition           NAME         6,2 NAME   <	STREET ADDRESS	•			4.3 STREE	TADORESS						
NAME	CITY-ST-ZIP		·	~~~~	4.4 CITY-S	T-ZIP						4
STREET ADDRESS	TITLE			☐ DELETE		)				∐ Change	∐ Addition	
5.4 CITY-ST-ZIP	NAME										•	
DELETE	ſ	,		• •								
NAME 6.2 NAME			<del></del>	· Detere		11-4IP				 ☐ Channe	Addition	1
19-WC				₩ DELETE						☐ Aumide		
STREET ADDRESS 6.3 STREET ADDRESS	1 1					T ADDRESS						

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 trostee 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 appendix 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 trostee 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 appendix 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 trostee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP