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

DOCUMENT # \$94901

1. Corporation Name

Principal Place of Business	Mailing Address
1508 PERDIZ ST	1508 PERDIZ ST
TAMPA FL 33612	Tampa FL 33612
US	US

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90129 018 ***150.00



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2. Principal Place of Business 2a. Mailing Address 2b. Mailing		16				DO NOT WRITE IN THIS SP	ACE		
South April						1 =			
South Apt. 8, etc. South Apt. 9, etc. South A	2. Principal Pl	lace of Business	2a. Mailing Address	\mathcal{V}			T 17	Applied For	
Sure, Apt. #, etc. Sure, Apt. #, etc. Sure, Apt. #, etc.			25 15 08 YER	.Ni	2 25	59-3100223		Not Applicable	
So State Country 28 Country 28 Country 29 Country	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required			
2 2 2 2 2 2 2 2 2 2	City & State City & State				- [
S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes. 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes. 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes. 12. OFFICIERS AND DIRECTORS IN PROTE Registered Agent agreement agent, or both, in the State of Florida, Such change was authorized by the comporation submits this statement for the purpose of changing its register agent, agent or private name of impaired agent agent agreement agent agen	Zip	Country		Coun	try	8. This corporation owes the current year Intangible			
10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent	4 33(605 25 US;A	29 33612 30	ÌΟ	12.H	1 Crocker 1 Topolity; Tax.		<u> </u>	
LUPERON, MARIANO 8305 ELKWOOD LN TAMPA FL 33615 82 Street Address (P.O. Box Number is Not Acceptable) 83 ELW FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 81 City FL 85 Zip Code 82 City FL 85 Zip Code 83 City State City FL 85 Zip Code 84 City FL 85 Zip Code 85 City State City FL 85 Zip Code 86 City FL 85 Zip Code 87 City State City			Registered Agent			10. Name and Address of New Registered Age	ent		
8305 ELKWOOD LN TAMPA FL 33815 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 register agent. I am familiar with, and accept the obligations of, Section 507.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS IN TITLE PD OBLETE 11. TITLE PD OBLETE 11. TITLE D OBLETE 11. TITLE D OBLETE 22. WAE 33.5TREET ADDRESS SIGNATURE SIRRET ADDRESS SIR					81 Name				
### SIDE FLANCIOUS LIN TAMPA FL 33815 ### City		· · · · · · · · · · · · · · · · · · ·		-	B2 Street Addr	ess (P.O. Box Number is Not Acceptable)			
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 regist 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 register and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS IN POTE Repotend Agent signifure required when reluctability. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 Iffice									
The presuant 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 register of signification 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS NOTE Registered Agent signature required when reinstituting)	TAM	PA FL 33615			83				
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's linearly accept the applications of section 607/95/S. Florida Statutes. SIGNATURE Signature Si				-	B4 City	FL	85 Zi	p Code	
12	office or r	egistered agent or both in the State (of Florida. Such change was autho	onzed	by the corporation	oration submits this statement for the purpose of chan's board of directors. I hereby accept the appointment	anging nent as	its registered registered	
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14. Legsby 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		portify that the information supplied will	th this filing does not qualify for the			Section 119.07(3)(i), Florida Statutes, Lifurther certify	that th	e information	

Indicated on this annual report or supplied with an address, with all other like empowered.

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

SIGNATURE: