## 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 # V02422**

1. Corporation Name

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90003 028 \*\*\*150.00

Principal Place	a of Business	Mailing Address				
605 SPINNAKER	} LE FL 33326-2946	605 SPINNAKER FT. LAUDERDALE FL 33326-29	146			
FI. LAUDENDAL	LE 1 E 33320-25-10	TT, ENDOCTIONEE TE SOUZO ES	,	DO NOT WRITE IN TH	IIS SPACE -	
 				<ol> <li>Date Incorporated or Qualified</li> <li>12/26/1991</li> </ol>		
2. Principal Pl	lace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Арр	olied For
21 136	DECKSIGE LEVICUE		side levil	cac 65-0303119		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired \( \square\)	\$8.75 A Fee Rec	
City & State	Stop Flyder	City & State	Flanda	6. Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to	
24 Zip 24 33	327 25 BROWNIN	29 3332730	Bizoua	This corporation owes the current year     Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	ed Agent	
OI IT			81 Name			
605	IERREZ, JORGE R. SPINNAKER		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	ce_	
FI. L	AUDERDALE FL 33326		83	octor FI 333	327	
			84 City	F	85 Zip C	ode
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	iorized by the corpora	prporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its	registered gistered
SIGNATURE				DATE		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Agent signature requ		AND DIRECTO	RS IN 12
SIGNATURE	OFFICERS AND	and title if applicable. (NOTE: Re	gistered Agent signature requ	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
SIGNATURE 12.	OFFICERS AND	and title if applicable. (NOTE: Re	ngistered Agent signature required 13.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SIGNATURE  12.  TITLE  NAME	OFFICERS AND  DPST GUTIERREZ, JORGE R.	and title if applicable. (NOTE: Re	gistered Ägent signature requirements  13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS	Change	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	OFFICERS AND  OPST GUTIERREZ, JORGE R.  605 SPINNAKER	ond title if applicable. (NOTE: ReDIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	Change	
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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 employeest of 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 of the empowered.

SIGNATURE: