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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90078 005 \*\*\*150.00

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1. Corporation Name

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Principal Place	e of Business	Maili	ing Address						.,, •		
8940 N KENDAL	LL DR		n Kendall dr								
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MIAMI FL 33176	5	MIAM US	I FL 33176				3. Date Incorporated or Qualifed	E IN THIS	3F AOL		
US		US					01/09/1992			ļ	
		1	Aciting Address				4. FEI Number		ΙΔn	plied For	
<del></del>	Place of Business	<u></u> -	Mailing Address				**			t Applicable	
21		26	Tuite Ant # etc				65-0303665		\$8.75 A	- ' '	
Suite, Apt.	#, etc.	<b>⊢</b>	Suite, Apt. #, etc.				<ol><li>Certifcate of Status Desired</li></ol>		Fee Re	I	
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Zip	Country	— —	žip.		Country		This corporation owes the curre     Personal Property Tax.	ent year inta		□No	
24	[25]	29		30	_		10. Name and Address of New R	onistered A			
-	9. Name and Address of Currer	nt Kegiste	rea Agent		81	Name	10. Italiie and Address of Item it	agistorea /	·90		
KRO	NBERG, FRANK G.				"	,,,,,,,,,					
<b>I</b>	WESR 20TH AVE. STE. 312				82	Street Ad	ddress (P.O. Box Number is Not Accepta	ible)			
	EAH FL 33016										
INAL	EATT FE 33010				83						
					84	City			85 Zip (	Code	
					Ш			<u> </u>			
11. Pursuant	to the provisions of Sections 607.050	02 and 607	7.1508, Florida Sta	tutes, the a	bove	e-named co	orporation submits this statement for the ation's board of directors. I hereby accept	purpose of o	changing its itment as red	registerea gistered	
anent La	nm familiar with, and accept the obliga	ations of S	Section 607.0505	Florida Stat	utes	oo. po		• • •		- 	
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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 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:

ATTURNED OF PRINTED NAME OF SIGNING SPETICER OF DIRECTOR A

(305) 622-9085