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



COF ANNU	PROFIT RPORATION JAL REPORT 1999	FLORIDA DEPART Katherin Secretary DIVISION OF CO	e Harris of State	Mar 09, 1999 Secretary of 03-09-1999 90119 011 *	State
1. Corporation	MENT # V14045 n Name to DM OF FLORIDA, I	· ·	1)		
Principal Plac	e of Business	Mailing Address		7	
,		3034 SW 100	C TP		
)3034 SW 100 CT. 3034 SW 100 G MIAMI, FL 33165 MIAMI, FL 33				DO NOT WRITE IN THE	S SPACE
ritarit,	LD 30100	111111111111111111111111111111111111111	, 2 (, 2	3. Date Incorporated or Qualifed	· · · · · · · · · · · · · · · · · · ·
				02/14/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0330277	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
City & Stat	ρ	City & State		6. Election Campaign Financing	\$5.00 May Be
23	-	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	
24	25	29 3	0	Personal Property Tax. 10. Name and Address of New Registered	Yes No
 	9. Name and Address of Curre	nt Registered Agent	81 Name		1 Agein
l co	RPORATION COMPA	NY OF MIAMI	MA	RIO PEREZ-ARCHE	
82) Street Address (P.C				ess (P.O. Box Number is Not Acceptable) : SW 25th STREET STE#	201
16	500 MIAMI CENTER		83	SW / SEN SIREEL SIEW	
MI	IAMI, FL 33131		94 63	<u> </u>	85 Zip Code
			84 City MIA	•	L (33135
	to the provisions of Sections 607.05t egistered agent, or both, in the State m familiar with projeccept the oblig	of Florida, Such change was aut	nanzea uv ine curboralio	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	f changing its registered pintment as registered
į.	Maria	-	ŧ	2-24-9	9
SIGNATURE	Signature, typed or printed name of registered age		egistered Agent signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.	AUDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	D	(_) OLLETE	12 NAME	4	
NAME	NUNEZ ANTONIO		1.3 STREET ADDRESS	4	
STREET ADDRESS CITY-ST-ZIP			14 CITY-ST-ZIP	•	
TITLE	MIAMI, FL.	☐ DELETE	2.1 TITLE		Change [] Addition
NAME	FERRO, AMIONIO E. MUNEZ		2.2 NAME	i P	
STREET ADDRESS	6401 SV 116 court #C MIAMI, FL 33165		2.3 STREET ADDRESS	ما الله الله الله الله الله الله الله ال	- 1 1 E HART
CITY-ST-ZIP	MIAMI, FL 33165	DELETE	2.4 CITY-ST-ZIP	I ₁	Change Addition
TITLE		☐ DELETE	3.1 TITLE 32 NAME	·	Li Grange (
NAME			3.3 STREET ADDRESS	•	
STREET ADDRESS CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	1	Change Addition
NAME .			4. 2 NAME		
STREET ADDRESS	{		4.3 STREET ADDRESS	;	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Dohanas Dikasse-
TITLE		DELETE	51TITLE	•	Change Addition
NAME			5 2 NAME 5 3 STREET ADDRESS		•
STREET ADDRESS			54 CITY-ST-ZIP	•	
CITY-ST-ZIP TITLE		. DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		· —
STREET ADDRESS]		6 3 STREET ADDRESS	1	

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 of 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 of an attachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: >