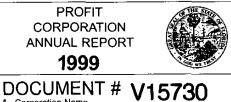
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90024 029 ***150.00

FAIR LA	KE CORP.					
Principal Place	e of Business	Mailing Address			a iden griffes hiddt Briti ignam tratt datt graft.	Aibli hibit bibit bibs ninn sen
2801 PONCE D	E LEON BLVD	2801 PONCE DE LEON BLVI	D			•
850 850					DO NOT WRITE IN THE	C CDACE
CORAL GABLES FL 33134 CORAL GABLES FL 33134 US US					DO NOT WRITE IN THE	SPACE
					3. Date Incorporated or Qualifed	
6 B: :::15	I a a f D airea	2a. Mailing Address			02/21/1992 4. FEI Number	Applied For
–	lace of Business	26. Walling Address			65-0348968	Not Applicable
26 26					_	\$8.75 Additional
22	, 0.0.	27			5. Cartifcate of Status Desired	Fee Required
City & Stat	e	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 Ir	ntangible
24	25	29	30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered	Agent
_			81	Name		
	CHADO, MARCOS A.		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	• , -
2801 PONCE DE LEON BLVD SUITE 850 CORAL GABLES FL 33134						
			83		• • •	•
			84	City		85 Zip Code
				′	oration submits this statement for the purpose c	_
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505, Flori	da Statutes	i.	on's board of directors. I hereby accept the appoint of the directors of t	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	GUIMARAES,LUIS ARTHUR		1.2 NAME			
STREET ADDRESS	2801 PONCE DE LEON BLV	D #850	1.3 STREE	TADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	<i>.</i>		2.2 NAME			
STREET ADDRESS		•	2.3 STREE	TADORESS	17 14-5	ا و حسد عال س
CITY-ST-ZIP			2. 4 CITY- S	ST-ZIP		
TITLE		☐ DELETE	31 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	TADDRESS		•
CITY-ST-ZIP		[] or ere	3.4. CITY-S	ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE	ſ		☐ Change ☐ Addition
NAME			4, 2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	T-ZIP		☐ Change ☐ Addition
TITLE		C) percie	5.1 TITLE 5.2 NAME		.:	· · · ;
NAME			1	T ADDRESS		
STREET ADDRESS			5.4 CITY-S		`	•
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
		D 000010	62 NAME			
NAME OXOCET ADODESIS				TADDRESS		· .
STREET ADDRESS			0.4 0174 0			

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 one attachment with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR