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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 15862

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May 06, 1999 8:00 am
Secretary of State
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	e of Business	Mailing Address					
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mon	INTISS PARKWAY	0,050	, ,	33166	3. Date Incorporated or Qualifed		
F/ 3	33166				2/2/192		ļ
	Place of Business 0 5-W. 1184	2a. Mailing Addr	S.W.	1154.	4. FEI Number	′	plied For t Applicable
Suite, Apt.	·	Suite, Apt. #		7707	63 0313110	\$8.75	
22		27			5. Certifcate of Status Desired	Fee Re	I
- City-& Star		City & State	ش.	روسن	6. Election Campaign Financing	\$5.00	May Be
23 10110	30201 1-7.	28 10/07/2	DI F	<u></u>	Trust Fund Contribution	Added t	- 1
Zip	Country	Zip		Country	8. This corporation owes the current year	r Intangible	_
24 ろく	13 × 25	29 <u> </u>	30	<u> </u>	Personal Property Tax.	∐ Yes	□No
	9. Name and Address of Current	Registered Agent		81 Name -	10. Name and Address of New Registe		
\mathcal{F}	HATY, APTHOI	v1/			mae L Henni	3/10/06/2	·
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Cur	- ~	82 Street Add	dress (P.O. Box Number is Not Acceptable)	II m iT	14
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Sour	HMIAMI, FI.	2310	/>				
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11. Pursuant	te the provisions of Sections 607.0502	and 607.1508. Florid	da Statutes, ti	he above named cor	poration cubmits this statement for the purpos	e of changing its	registered
office of	egistered agent, or both, in the State of	Florida, Such changes of Section 607	ge was autho	rized by the corporat	tion's board of directors. I hereby accept the a	ppointment as rec	gistered
,	William Will, and alcour the solitoric	ons or, section out.		GE L.	KERNANDEZ.	1/17/0	35
SIGNATURE	Signature by led or printed name of regulared agent a	and title if applicable	(NOTE: Regis	stered Agent signature requil		7/2/	
12.	OFFICERS AND			13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	DICTECTOR			1.1 TITLE		Change	Addition :
NAME	morina strulo	v_{io}		12 NAME			
	1000 WATER CO (DA)	DV aIB V		I.Z IVANIC	man SW. 11st.		
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CITY-ST-ZIP	MIBON SPAIRS FOR	H 33160			1300 S.W. 118F. 17,19101 Fl. 33 13,		100 H
CITY-ST-ZIP TITLE	MARIN SPAIRES,	H 33160	ELETE	2.1 TITLE	1300 S.W. 118F. NAMO Fl. 3313,	Change	200
CITY-ST-ZIP TITLE NAME	MIBON SPAINGS,	H 33160	ELETE	2.1 TITLE 2.2 NAME	1300 S.W. 118F. 11800 F.J. 3313,		100 H
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASOCURTISS FOR	<i>-1.</i> 33166 □ DI	ELETE	2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	1300 S.W. 118F. 171811 Fl. 3313,	☐ Change	Addition
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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 if an officer or director of the correlation or the receiver or directed to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if pringles, or on ap attachment with an address, with all other like empowered.

SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR