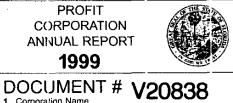
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90027 034 ***150.00

1. Corporation Name	V 20000		
CLAREL CORP. %	CLARA R. YOUNG		
		,	1 2017 2 1010 1121 2010 1010 1010 1110 11

Principal Place 1581 BRICKELL SUITE T-201 MIAMI FL 3312 US	. AVE	Mailing Address 1581 BRICKELL AVE SUITE T-201 MIAMI FL 33129 US				3	. Date In	DC corporated of	NOT WR	ITE IN TH			
2. Principa P	Place of Business	2a. Mailing Address				4	. FEI Nu	mber				Ap	plied For
21		26	26			65-0327656				Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5	5. Certificate of Status Desired				\$8.75 Additional Fee Recuired			
City & S:at	te	City & State			••••	6	. Electio	n Campaign	Financing		•	5.00	May Be
23		28				1		und Contrib	_				c Fees
Zip	Country	Zip	Cou	intry		8	. This co	rporation ow	es the cur	rent year			
24	25	29	30					at Property					[]No
	9. Name and Address of Curre	ent Registered Agent		81	Name	10). Name	and Addres	s of New	Registere	d Ager	t	
1581 Suit Miai	ING, CLARA I BRICKELL AVENUE IE T-201 MI FL 33129 to the provisions of Sections 607.05			82 83 84	City		·	Number is (F			Code
SIGNATURE 12. TITLE	D	and title if applicable. (NOT DIRECTORS	13.	TLE	t signature re	equired when		NS/CHANG	ES TO OF	DATE FICERS		RECTO Change	DF.S IN 12
NAME STREET ADORE 3S		TE T-201	1.2 N/ 1.3 S		ADDRESS								
CITY-ST-ZIP	MIAMI FL 33129	- Delete	_	TY-ST	r-ZIP							Change	Addition
TITLE	D	☐ DELETE	2.1 T								□.	Juango	
NAME	YOUNG, HARVEY L.	. 404	2.2 N										
STREET ADDRE 3S		-201	1		ADDRESS								
CITY-ST-ZIP TITLE	MIAMI FL	\ \	3.1 1	TIY-S	1-219	 						Change	Addition
NAME			3 2 N								_	_	_
STREET ADDRESS					ADDRESS								
CITY-ST-ZIP				ITY-S	- 1	ĺ							
TITLE		DELETE	4.1 T	_								Change	Addition
NAME			4.21	IAME	ļ								
STREET ADDRESS			-			ļ							
CITY-ST-ZIP			4.3 S	TREET	ADDRESS								
TITLE	1		1	TREET ITY-S1									
***************************************		DELETE	1	ITY-S1						<u> </u>		Change	Addition
NAME		☐ DELETE	4.4 C	ITY-SI								Change	Addition
		☐ DELETE	4.4 G 5.1 TI 5.2 N	ITY-SI ITLE AME							-	Change	Addition
NAME STREET ADDRESS		☐ DELETE	5.1 TI 5.2 N 5.3 S	ITY-SI ITLE AME	r-ZIP							Change	Addition
NAME		☐ DELETE	5.1 TI 5.2 N 5.3 S	ITY-SI ITLE AME TREET ITY-SI	r-ZIP				,			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			5.1 TI 5.2 N 5.3 S 5.4 C	ITY-SI ITLE AME TREET ITY-SI ITLE	r-ZIP								
NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.4 C 5.1 TI 5.2 N 5.3 S 5.4 C 6.1 TI 6.2 N	ITY-SI ITLE AME TREET ITY-SI ITLE AME	r-ZIP								

14. I hereby certify that the information supplied with this filling 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 a light provided by 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 a light provided by 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

SIGNATURE:

OFFICE OR DIRECTOR