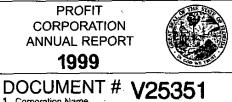
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90155 039 ***150.00

Corporation Name	1
BAEZ AND ASSOCIATES, INC.	
	-)

Principal Place	e of Business	Mailing Address					
434 SW 63 AVENUE 434 SW 63 AVE.							
MIAMI FL 3314	4	MIAMI FL 33144			DO NOT WRITE IN	THIS SPACE	
US		บร			3. Date Incorporated or Qualifed	11110 017102	
<i>;</i>					04/01/1992		
		9- 14-95- Add			4. FEI Number	I And	lied For
2. Principal P	lace of Business	2a. Mailing Address				<u> </u>	Applicable
21 26				65-0341553	\$8.75 A		
Suite, Apt. #, etc. Suite, Apt. #, etc.		-		5. Certificate of Status Desired	Fee Rec		
22 27 Cib. Scate							
		City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23		28	· 		Trust Fund Contribution		71 663
Zip	· Country	Zíp	⊢ `		8. This corporation owes the current year Intartitle Personal Property Tax.		
24	9. Name and Address of Cu				10. Name and Address of New Regist		
	9. Name and Address of Cu	rrent Registered Agent		1 Name	TO. INDINO MINO AND	<u></u>	
RAF	Z, OSCAR		Ľ				
	424 SW 63 AVE			2 Street Add	dress (P.O. Box Number is Not Acceptable)		
	SW 63 AVE.	•	8	-			
-	WI FL 33144		•	۱,			
1147-0	III 7 E 00174		8	4 City		85 Zip C	ode
					200	FL S	rogiotogod
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statute	s, the abor	ve-named cor v the comora!	rporation submits this statement for the purportion's board of directors. I hereby accept the	se or changing its i	istered
agent. I a	m familiar with, and accept the o	bligations of, Section 607.0505, Flori	ida Statute	s.	tion's board of directors. I hereby accept the	11/98	
SIGNATURE	X May V					<i>-1111</i>	\
				ent signature requi	ADDITIONS/CHANGES TO OFFICER	·- ,	2S IN 12
12. /		S AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO GIT ICE	Change	Addition
TITLE	PD /	[] DELETE	t.1 TITLE	. 1		Grange	
NAME	BAEZ, OSCAR		1.2 NAME			ν,	
STREET ADORESS	434 SW 63 AVENUE			ET ADDRESS			}
CITY-ST-ZIP	MIAMI FL		1.4 CITY-			Change	Addition
TITLE		☐ DELETE	2.1 TITLE	Į		□ citalige	
NAME			2,2 NAME				
STREET ADDRESS		:	2,3 STRE	ET ADDRESS			-
CITY-ST-ZIP				ST-ZIP	<u>, 4, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,</u>	· · ·	
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME .			3.2 NAME	:	•		
STREET ADDRESS		·	3,3 STRE	ET ADDRESS			J
CITY-ST-ZIP	<u> </u>		3,4. CITY	-ST-ZIP			
TITLE	· .	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	, ,		4, 2 NAM	=			
STREET ADDRESS			4,3 STRE	ET ADDRESS		•	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		•	Change	Addition (
NAME			5.2 NAME	:		-	
STREET ADDRESS			5.3 STRE	ET ADDRESS			ł
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE	1. 1	☐ DELETE	6.1 TITLE			Change	Addition
NAME	}		6.2 NAME				1
STREET ADDRESS	14 1 75 15		6.3 STRE	ET ADDRESS			
			6.4 CITY	ST-ZIP	· ·		İ
CITY-ST-ZIP	certify that the information supplie	ed with this filing does not qualify for		- 1 -	Section 119.07(3)(i), Florida Statutes. I furth	er certify that the in	nformation

Indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 19.07(5)(f). Indicated as finded under oath; that I am an officer or director of the corporation or the exceiver 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 extrachment with an address, with all other like empowered.

SIGNATURE: