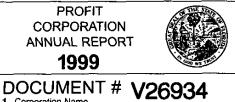
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90004 025 ***150.00

JOTIO C	ALONSO P.A.									
Principal Place	e of Business	Mailing Ad	idress				- I ISBIE CIIRIR II AND CAIRE INTE	dene Afler an	in e sect minit (Prätt Bibit (abt
100 NW 37TH AVE 100 NW 37TH AVE										
STE 500 STE 500										
MIAMI FL 33125 MIAMI FL 33125							DO NOT WRITE IN THIS SPACE			
US US							3. Date Incorporated or Qualifed		*	1
							04/07/1992			
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number		Ar	plied For
21 26							65-0326505		No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.									\$8.75	Additional
27							5. Certifcate of Status Desired	Ц	Fee Re	equired
City & State City & State							6Election Campaign Financing		\$5.00	-May.Be :
23 28			The same of the sa				Trust Fund Contribution	П .	Added	
	Zip Country Zip			Country			8. This corporation owes the current year Intangible			
24	25 29		(30			Personal Property Tax.			
24	9. Name and Address of Cu						10. Name and Address of New Re	gistered A	gent	
	WP1			8-	1 Na	me				
ALO	NSO, JULIO C			<u> </u>	<u> </u>					
100 NW 37TH AVE				83	2 St	eet Addre	ss (P.O. Box Number is Not Acceptab	e)	٠.	ŀ
STE 500				8:	· · · · · · · · · · · · · · · · · · ·					
				10.	1				•	}
MIAMI FL 33125				84	4 Ci		85 Zip			Code
	· <u> </u>				<u> </u>			<u>FL</u>		
agent. I a	to the provisions of Sections 607 registered agent, or both, in the St m familiar with, and accept the ob-	0502 and 607.1508 late of Florida. Such digations of, Section	s, Florida Statute i change was at i 607.0505, Flor	es, the abor uthorized by ida Statute	y the	corporation	ration submits this statement for the pin's board of directors. I hereby accept	the appoin	tment as re	gistered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	e. (NOTE:	Registered Age	ent sign	ature required	when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	3	13.			ADDITIONS/CHANGES TO OFFI	CERS ANI	DIRECTO)RS IN 12
TITLE	DP		[] DELETE	1.1 TITLE					☐ Change	☐ Addition {
NAME	ALONSO, JULIO C			1.2 NAME		1	•			
STREET ADDRESS	100 NW 37TH AVE STE 500	0		1.3 STRE	ET ADDI	RESS				
CITY-ST-ZIP	MIAMI FL	-		1.4 CITY-	ST-7IP	- 1				-
TITLE			□ DELETE	2.1 TITLE		\neg			Change	☐ Addition
			_	2.2 NAME						
NAME	1			2.3 STREE		,Eee				}
STREET ADDRESS										ſ
CITY-ST-ZIP			□ DELETE	2. 4 C/TY-		$-\!$			Change	Addition
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NAME				3.2 NAME		ļ				
STREET ADDRESS										1
				3.3 STREI		RESS				į
CITY-ST-ZIP			Dei	3.4. CITY-	ST-ZIP	ÆSS .			Change	- Addition
CITY-ST-ZIP			☐ DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP	RESS			Change	Addition
		, , , , , , , , , , , , , , , , , , , 	☐ DELETE	3.4. CITY-	ST-ZIP	RESS			☐ Change	Addition
TITLE		, ,	☐ DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP				☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE	ST-ZIP	RESS			- · ·	
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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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP