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

PROFIT CORPORATION -ANNUAL REPORT 1999

FREE WAY MIAMI, INC.

1. Corporation Name

DOCUMENT # V28196



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Jun 18, 1999 8:00 am Secretary of State

06-18-1999 90003 036 ***150.00 08-05-1999 90009 031 ***400.00



Principal Place of Business Mailing Address			į				
25 S.E. 2ND AVE.	25 S.E. 2ND AVE.		1				
SUITE 307			DO NOT WRITE IN THIS SPACE				
MIAMI FL 33131	AMI FL 33131 MIAMI FL 33131			3. Date Incorporated or Qualifed			
U\$ ·	บร						}
·				04/13/1992 4. FEI Number		App	lied For
2. Principal Place of Business	2a. Mailing Address					· L	Applicable
21 . —	26			65-0324757		\$8.75 A	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Rec	
22	27					\$5.00	May Re
City & State	City & State			6. Election Campaign Financing		Added to	
23	28		Trust Fund Contribution	-tor Into		-	
Zip Country	Zip Country			8. This corporation owes the current year Intangible			
24 25	29 30			Personal Property Tax. 10. Name and Address of New R		=	
9. Name and Address of Current F	Registered Agent			10. Name and Address of New K	egistered	9011	
		81	Name		٠		
ANSALDI, RICARDO J			Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
25 S.W. 2ND AVENUE SUITE 307			_				
		83		•			ļ
MIAMI FL 33131		84	City			85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502		1 1	•		<u>FL</u>	<u> </u>	
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE Signature, typed or printed name of registered agent is	and title if applicable. (NOTE: Reg	istered Agent s		when reinstating) ADDITIONS/CHANGES TO OFF	DATE		
12. OFFICERS AND		13.	'	ADDITIONS/CHANGES TO G.	102/10/11	Change	Addition
TITLE P	DETELE	11 TITLE					
NAME ANSALDI, RICARDO J		1.2 NAME					
STREET ADDRESS 25 SE 2ND AVE. #307		1.3 STREET A	ADDRESS				
CITY-ST-ZIP MIAMI FL 33131		14 CITY-ST-	ZIP			Change	Addition
TITLE	DELETE	2.1 TITLE				_ vg.	_
NAME	·	2.2 NAME	*		•		
STREET ADDRESS		2.3 STREET	ADDRESS				}
CITY-ST-ZIP	·	2.4 CITY-ST	ZIP			Change	Addition
TITLE	☐ DELETE	3.1 TITLE				Change	
NAME		3.2 NAME	l				.
STREET ADDRESS		33 STREET	ADDRESS				• • •
		3.4. CITY-ST	ZIP			Change	Addition
TITLE	☐ DELETE	4.1 TITLE		•		Change	Addition
		4. 2 NAME					
NAME		4.3 STREET	ADDRESS				
STREET ADDRESS		4.4 CITY-ST	- ZIP				
CITY-ST-ZIP	☐ DELETE	5 1 TITLE				☐ Change	Addition
TITLE	<u> </u>	5 2 NAME					j
NAME		5 3 STREET	ADDRESS				
STREET ADDRESS		5.4 CITY-ST	I				
CITY-ST-ZIP		6.1 TITLE					
TITLE	11351515	0.1 111 CC				Change	Addition
	☐ DELETE	6.2 NAME				Change	☐ Addition
NAME STREET ADDRESS	☐ DETELE		ADDRESS			Change	☐ Addition

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 chapter 607, an attachment with an address, with all other like empowered.