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

**PROFIT** CORPORATION ANNUAL REPORT

1999

描绘证明

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # V54902 1. Corporation Name

CERTIFIED, INC.

Principal Plac	ce of Business	Mailing Address	, , , , , , , , , , , , , , , , , , , ,			nit målth tikt hidti di	WIL #1818 #1811 W	1011 01911 1061
550 N.W. LEJE	UNE ROAD	550 N.W. LEJEUNE ROAD						
SUITE 207 SUITE 207					DO NOT	MOSTE IN THE	CDACE	
MIAMI FL 3312	76	MIAMI FL 33126			(	WRITE IN THIS	SPACE	* :
•					3. Date Incorporated or Qua 08/01/1992	iitea		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			65-0454109		No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire	ed 🗌	\$8.75 A	dditional
22		27			J. Certificate of Status Desir	3u 🗀	. Fee Re	quired
City & Sta	te	City & State			6. Election Campaign Finan	cing	\$5.00	
23		28			Trust Fund Contribution	<u>.</u>	Added to	o Fees
Zip	Country	Zip . ,	Country	•	8. This corporation owes the	current year Inta		_
24	25		30		Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of N	ew Registered /	Agent	
JI JR	NEY, KENT C.		01	Name				
SE 11390 SW 94TH AVE			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	MI FL 33176	•	83		AND AND THE RESIDENCE OF THE SECOND		a right state of	iou aran ingi Kan ahin kati
1712 (	~~		83					
			. 84	City	111111111111111111111111111111111111111		85 Zip C	ode
n 16 2110 1 m	1000 00	war and the second		L		<u> </u>	لــــ	
11. Pursuant	to the provinces of Sections 607,9602	and 607.1508, Florida Statute	es, the above	e-named co	orporation submits this statement fo	r the purpose of o	changing its itment as rec	registered
		ii Fiorida, Sucu change was at	utnorized by	the corpora	ation's board of directors. I hereby a	iccept the appoin		Jisieleu ,
Sin ⊬agent. I a	am familiar with, and accept the obligation	one of Section 607.0505, Flor	rida Statutes	the corpora	orporation submits this statement fo ation's board of directors. I hereby a	iccept the appoir		gistereu. 7 <b>4</b>
SIGNATURE	0/4/1//		CVI		HUNGER IN	(C	1-11-9	gistered .
SIGNATURE	Appendixe, Vpayor printed partle of registered agent	and title Mapplicable. (NOTE:	Registered Ager		June When reinstating), 777	DATE	1-/1-9	
SIGNATURE	Applicable transfer printer partie of registered agent OFFICERS AND	and title Papplicable. NOTE:	Registered Ager		Humber Turned when reinstating), 7400 ADDITIONS/CHANGES TO	DATE	D DIRECTO	RS IN 12
SIGNATURE  12.  TITLE	Appelle trouped printerbane of registered agent OFFICERS AND	and title Mapplicable. (NOTE:	Registered Ager 13. 1.1 TITLE		June When reinstating), 777	DATE	1-/1-9	
SIGNATURE  12.  TITLE  NAME	OFFICERS AND P JURNEY-CARABALLO, MARTHA	and title Papplicable. NOTE:	Registered Ager 13. 1.1 TITLE 1.2 NAME	nt signature requ	Humber Turned when reinstating), 7400 ADDITIONS/CHANGES TO	DATE	D DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	OFFICERS AND JURNEY-CARABALLO, MARTHA 11390 SW 94TH AVE #207	and title Papplicable. NOTE:	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature requ	Humber Turned when reinstating), 7400 ADDITIONS/CHANGES TO	DATE	D DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P JURNEY-CARABALLO, MARTHA 11390 SW 94TH AVE #207 MIAMI FL	and title Papplicable. (NOTE: DOMRECTORS DELETE	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S'	nt signature requ	Humber Turned when reinstating), 7400 ADDITIONS/CHANGES TO	DATE	D DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P JURNEY-CARABALLO, MARTHA 11390 SW 94TH AVE #207 MIAMI FL VST	and title Papplicable. NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE	nt signature requ	Humber Turned when reinstating), 7400 ADDITIONS/CHANGES TO	DATE	D DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P JURNEY-CARABALLO, MARTHA 11390 SW 94TH AVE #207 MIAMI FL VST CARABALLO, CARMEN JULIA	and title Papplicable. (NOTE: DOMRECTORS DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME	nt signature requirements of ADDRESS	Humber Turned when reinstating), 7400 ADDITIONS/CHANGES TO	DATE	D DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P JURNEY-CARABALLO, MARTHA 11390 SW 94TH AVE #207 MIAMI FL VST CARABALLO, CARMEN JULIA 12021 SW 93 STREET	and title Papplicable. (NOTE: DOMRECTORS DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET	T ADDRESS	Humber Turned when reinstating), 7400 ADDITIONS/CHANGES TO	DATE	D DIRECTO	RS IN 12
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**FILED** Feb 08, 1999 8:00am **Secretary of State** 

02-08-1999 90059 015 \*\*\*150.00



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.