**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 90140 039 \*\*\*150.00

1. Corporation	MENT # <b>V66493</b> O INVESTMENTS, INC.	3							
, in Circums									
Principal Place	e of Business	Mailing Addre	288	····					<b>(8)) (1)</b>
ONE S E 3RD	AVE ,	ONE SE 3RD	AVE			:	•		
28TH FLOOR MIAMI FL 33131	, , 1	28TH FLOOR MIAMI FL 3313	н			DO NOT	WRITE IN THE	S SPACE	
US	•	US	,,			3. Date Incorporated or Qua	lifed		
	•					09/25/1992			
2. Principal Pl	lace of Business	2a. Mailing A	ddress			4. FEI Number		Apı	olied For
21		26				65-0364874			Applicable
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.			5. Certificate of Status Desir	ed 🗆	\$ <b>8.75</b> A Fee Red	
22		27   City & Sta						<del></del>	
City & State	<b>e</b>	28 City & Sta	ite		`	6. Election Campaign Finan Trust Fund Contribution	cing 🗀	\$5:00 to Added to	
Zip	Country	Zip		Country		8. This corporation owes the	current year Ir		
24	25	29	30			Personal Property Tax.	, , , , , , , , , , , , , , , , , , , ,	∐ Yes 🕽	<b>⊠</b> No
	9. Name and Address of Curre					10. Name and Address of h	lew Registered	1 Agent	
				81	Name			,	}
AMERICAN INFORMATION SERVICES INC					Street Ac	Idress (P.O. Box Number is Not Ad	ceptable)		
ONE SE 3RD AVE									
28TH FLOOR MIAMI FL 33131				83					
MIMI	M TL 33131.			84	City			85 Zip C	Code
							FI		registered
office of the	to the provisions of Sections 607.05 egistered agent, or both, in the State	of Florida, Such ch	iange was auth	orizea by	tne corpora	ation's board of directors. I hereby	accept the app	ointment as reç	gistered
agent, I a	m familiar with, and accept the oblig	ations of, Section 60	)7.0505, Florida	Statutes					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable	(NOTE: Re	gistered Agen	t signature regi	uired when reinstating)	DATE		<del></del>
12.		ND DIRECTORS	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO	O OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DPS		DELETE	1.1 TITLE		<u> </u>		☐ Change	☐ Addition
NAME	DAGO DEL, ROSA			1.2 NAME					
STREET ADDRESS	ONE SE 3RD AVE, 28TH FLO	OR		1.3 STREET	ADORESS				{
CITY-ST-ZIP	MIAM) FL 33131			1.4 CITY-S	T-ZIP				
TITLE	DVT		] DELETE	2.1 TITLE				Change	☐ Addition
NAME	DAGO DEL, CARMEN	_		2.2 NAME					{
STREET ADDRESS	ONE SE 3RD AVE, 28TH FLO	OR		2.3 STREET					
CITY-ST-ZIP	MAIMI FL 33131		DELETE	2.4 CITY-5	T-ZIP			Change	Addition
. TITLE	DAGO DEL MANUEL		J	3.1 TITLE 3.2 NAME		. يس ريست سيد		L.J Sildrigo	
NAME	DAGO DEL, MANUEL	ΩD		3.3 STREET	ADDRESS	*	-	•	
STREET ADDRESS	ONE SE 3RD AVE, 28TH FLO MIAMI FL 33131	OR		3.4. CITY-S	ĺ				
CITY-ST-ZIP TITLE	MIAMI FL 33131		] DELETE	4.1 TITLE	1-24			Change	Addition
NAME		_		4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY-S	T-ZIP				
TITLE			DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME '			•	5.2 NAME					
STREET ADDRESS	, '			5.3 STREET					
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,		1	5.4 CITY-S	T-ZIP				Addition
TITLE		L	DELETE	6.1 TITLE	-			☐ Change	☐ Addition
NAME	••			6.2 NAME	· ADDOCCO				
STREET ARCHESS	,			6.3 STREET	MUUKESS				

CITY-ST-ZIP ot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an observe to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in tess, with all other like empowered. 14. I hereby certify that the information supplied with this filling thes indicated on this annual report or supplemental annual report is officer or director of the corporation or the receiver or trustee em Block 12 or Block 13 if an angel or on an attachment with a plan.

6.4 CITY-ST-ZIP

**SIGNATURE**