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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V67706

Principal Place of Business	LIBRA RC	OOFING CORP.						
A00 SW 137 CT MAMI F. 31375 WAM F. 31375 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/28/1992 3. Date Incorporated or Qualified 09/28/1992 2. Principal Place of Business 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 2. Crift As State Suite, Apt. #, etc. 3. Curlicate Companies of Associated Companies of Personal Property are Fund Principal Place of Pess Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. This componation owes the curriever laver l	Principal Place of Business Mailing Address						I 018 11 B1011 0 1811 B1	.EKI Q1811 1881
2. Principal Place of Business	4020 SW 137 CT PO BOX 831886 MIAMI FL 33175 MIAMI FL 33283							
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Suite, Apt. #, etc.	2. Principal Place of Business 2a. Mailing Address				 ~		Apr	olied For
Suite, Apt. #, etc.						65-0360201		
City & State						5 Certificate of Status Desired		
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Zip Country Zip Country Zip Country B, This corporation owes the current year intangible Personal Property Tax. Yes No	City & StateCity & State					1	•	- 1
Second Personal Property Tax Personal Property T	23							o Fees
9, Name and Address of Current Registered Agent GUTIERREZ, EDUARDO A. 4020 SW 137 CT MIAMI FL 33175 82 Street Address (P.O. Box Number is Not Acceptable) 11, Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. STREET ADDRESS CITY-51-2P MIAMI FL 14. CITY-51-2P MIAMI FL 14. CITY-51-2P MIAMI FL 14. CITY-51-2P MIAMI FL 15. STREET ADDRESS CITY-51-2P MIAMI FL 15. STREET ADDRESS CITY-51-2P	Zip				y			□No
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4020 SW 137 CT MIAMI FL 33175 82 STREET ADDRESS R4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stables, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0508, Florida Stables, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607,0508, Florida Statutes. SIGNATURE Signature, typed or printed name of registance agent and the if explicable. (POTE Repystered Agent agreature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE QUITERREZ, EDUARDO A 12.NWE GUTIERREZ, EDUARDO A 12.NWE GUTIERREZ, DELIA M 22.NWE 33.STREET ADDRESS GITY-ST-ZP MIAMI FL QUITERREZ, DELIA M 4020 SW 137 CT 23.STREET ADDRESS GITY-ST-ZP MIAMI FL QUITERREZ, DELIA M 4020 SW 137 CT 33.STREET ADDRESS GITY-ST-ZP MIAMI FL QUITERREZ, DELIA M 4020 SW 137 CT 33.STREET ADDRESS 33.STREET ADDRESS 33.STREET ADDRESS GITY-ST-ZP ACTIV-ST-ZP ACT	CUTI	EDDE7 ENLIADON A		8'	Name			
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TITLE G.1 TITLE G.2 NAME Change Addition	1 1		☐ DELETE					

CITY-ST-ZIP 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

STREET ADDRESS

305-5519100

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90005 049 ***150.00