Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90010 032 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **V67925**

1. Corporation Name

Principal Place of Business	
MIAMI FL 33130-4311 US MIAMI FL 33130-4311 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/01/1992 2. Principal Place of Business 21 26 Applied 65-0360161 Not App Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	
10/01/1992 2a. Mailing Address 2a. Mailing Address 4. FEI Number Applied	1
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied 65-0360161 Not App Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	
21 26 65-0360161 Not App Suite, Apt. #, etc. \$8.75 Addition Suite, Apt. #, etc. 5. Certificate of Status Desired 5.25 Addition Suite, Apt. #, etc. 5. Certificate of Status Desired 5.25 Addition	
Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Addition Suite, Apt. #, etc.	For
5 Certificate of Status Desired	
1861	
City & State City & State 6. Election Campaign Financing \$5.00 May	Зе
28 Trust Fund Contribution Added to Fee	s
Zip Country Zip Country 8. This corporation owes the current year Intangible	
24 25 29 30 Personal Property Tax. Yes \(\sum \) No	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
QUEVEDO, ADELENA 54 S.W. 14TH ST. 82 Street Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33130-4311	
. 84 City FL 85 Zip Code	
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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	ed
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE PD : DELETE 1.1 TITLE Change	Addition
NAME QUEVEDO, ADELENA 12 NAME	- {
STREET ADDRESS 54 S.W. 14TH ST. 1.3 STREET ADDRESS	}
CITY-ST-ZIP MIAMI FL 33130-4311 1.4 CITY-ST-ZIP	
	Addition
NAME 2.2 NAME	}
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2.4 CITY-ST-ZIP	
TITLE 3.1 TITLE 3.1 TITLE	Addition
NAME 3.2 NAME	Ì
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
	Addition
NAME 4, 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
	Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	j
STREET ADDRESS	
UI1-31-21F	Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS