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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 02, 1999 8:00am

**Secretary of State** 

02-02-1999 90014 011 \*\*\*158.75

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # J58305

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Principal Plac	ce of Busines	SS.	Mai	iling Address				<u> </u>	N 81811 BIBN 818	ik <b>bib</b> il <b>bib</b> il 1881	
% EUGENE R. LOMANDO % EUGENE R. LOMANDO								-			
3778 S.W. 127TH AVE. 3778 S.W. 127TH AVE.											
MIAMI FL 33175-2806 MIAMI FL 33175-2806								DO NOT WRITE IN TH	IIS SPACE		
US US								3. Date Incorporated or Qualifed			
								02/17/1987			
2. Principal P	Place of Busi	iness	2a.	Mailing Address	•			4. FEI Number		Applied For	
21			26					NOT APPLICABLE		Not Applicable	
Suite, Apt.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required	
City & Sta	ate			City & State				6. Election Campaign Financing	\$5.0	O May Be	
23			28					Trust Fund Contribution		d to Fees	
Žip		Country	;	Zip	Cour	ntry		8. This corporation owes the current year	Intangible	1-	
24		25	29		30			Personal Property Tax.	☐ Yes	No	
	9, Name	and Address of Cu	ırrent Registe	ered Agent		81	Na	10. Name and Address of New Registere	d Agent		
LOM	MANDO, EU	IGENE R			ĺ	"	Name				
	8 S.W. 127					82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
MIAI	MI FL 3317	5			ŀ	83	<u> </u>	1. 92 (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	(4.3) (4.3)	407 18 131	
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						84	City	F	L 85 Zir	p Code	
11. Pursuant	t to the provis	sions of Sections 607	.0502 and 607	7.1508, Florida Statu	ites, the ab	ove-	-named corpo	pration submits this statement for the purpose in's board of directors. I hereby accept the app	of changing i	its registered	
agent. I a	am familiar w	ith, and accept the ob	bligations of, S	i. Such change was a Section 607.0505, Fl	authorized orida Statu	l by ti ites.	the corporatio	in's board of directors. I hereby accept the app	ointment as	regionares	
agent. I a	am ramiliar w :	min, and accept the of	oligations of, S	Section 607.0505, Fi	onda Statu	itės.			ointment as		
SIGNATURE	am ramiliar w :	or printed name of registered	oligations of, S	applicable. (NOT	E: Registered	itės.	the corporation	when reinstating) DATE	. ,		
SIGNATURE	Signature, typed	or printed name of registered	oligations of, S	applicable (NOT	E: Registered	Jtes. Agent			AND DIRECT	FORS IN 12	
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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.

SIGNATURE: