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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90101 035 ***150.00

DOCUMENT # K75338

1. Corporation Name

A. LIBEH	TTY LOCKSMITH, INC.							
Principal Place	e of Business	Mailing Address				{		
C/O ADALBERTO PASTOR C 831 N.W. 37 AVENUE 8		C/O ADALBERTO PASTOR 831 N.W. 37 AVENUE MIAMI FL 33125	831 N.W. 37 AVENUE		DO NO 3. Date Incorporated or Qu	T WRITE IN THI	S SPACE	
					03/20/1989	iaineu		
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21	, , , , , , , , , , , , , , , , , , ,	26			65-0110845		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Des	red 🗌	\$8.75 A Fee Re	
City & Stat	te	City & State	<u></u> ,		6. Election Campaign Fina	ncing C	\$5.00	May Be
23		28			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Country	1	8. This corporation owes the	e current year Ir		
24	25	29 3	0		Personal Property Tax. 10. Name and Address of	Now Posistores	☐ Yes	No
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of	Ham Leftsteler	Agent	
PAS"	Tor, adalberto							
	N.W. 37 AVENUE		82	Street /	Address (P.O. Box Number is Not A	cceptable)		
MIAN	WI FL 33125		83					
	,			City			85 Zip C	Code
	•		84	1		FI	_ -	
	to the emissions of Continue 607 05	00 and 607 4500 Eladdo Statutos	the above		corporation submits this statement :	or the purbose o	t changing its	registerea (
agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State or familiar with, and accept the obliga-	ations of, Section 607.0505, Fibric	ia Statutes	s.			ointment as reg	gistered ———
agent. I a	m familiar with, and accept the obligi	ent and title if applicable. (NOTE: R	egistered Ager	s.	equired when reinstating)	DATE		
agent. I all SIGNATURE	im familiar with, and accept the obligation of registered ago. OFFICERS AI	ent and title if applicable. (NOTE: R ND DIRECTORS	egistered Ager	s.		DATE		
agent. I all SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. (NOTE: R	egistered Ager	s.	equired when reinstating)	DATE	ND DIRECTO	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI POST PASTOR, ADALBERTO	ent and title if applicable. (NOTE: R ND DIRECTORS	egistered Ager 13. 1.1 TITLE 1.2 NAME	s.	equired when reinstating)	DATE	ND DIRECTO	RS IN 12
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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

SIGNATURE:

STREET ADDRESS