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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1006

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OCUN Corporation	MENT # L	.97772	(2)						
•	G PROMOTIONS, I	NC.							
vipal Place	of Business	Mai	i'ng Address			1 (60)(61) 515 (611) (99)((64)			4.6.1 41611 18
3916 NE 168 ST N MIAMI BCH. FL 33160-0561			3916 NE 168 ST N MIAMI BCH. FL 33160-0561						
						 Date Incorporated or Qualifie 08/23/1990 	d 3a. Dat	e of Last Re 01/17/19	•
Principa' Pa	ace of Business	2a. 26	Mailing Address			4. FEI Number 59-3033341			upplied For
Suite, Apt	#, etc.		Suite, Apt. #, etc.				/		lot Applicable Additional
		27				5. Certificate of Status Desired			Required
Dity & State	3	├ -1	City & State			Election Campaign Financing Trust Fund Contribution			May Be
7.p	Country	[28]	Zip	Country		Trust Fund Contribution 8. This corporation has liability t	intangible t		199.032
	25	29		30		Florida Statutes	′es □No		
	g. Name and Address	s of Current Registe	ered Agent		1	10. Name and Address of Nev	Registered	Agent	
CONT	ZALEZ, ANA C.			81					
3916	NE 168TH ST.			82		ress (P.O. Box Number is Not Accep	table)		
N MIA	MI BCH. FL 33160			83					
					City			85 Zı	Code
tamilar wil NATURE	th, and accept the obligation	ons of, Section 607.0	505, Florida Statutes		named corpor xoration 's tioa	ration submits this statement for the ird of directors. I hereby accept the a		. `	
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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 for on an attachment with an address SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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