**PROFIT CORPORATION** ANNUAL REPORT

1999



DOCUMENT # **P95000014889**1. Corporation Name

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 01, 1999 8:00 am Secretary of State 05-01-1999 90065 049 \*\*\*150.00

	VESTMENTS, INC.						
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		1 18311001 110 10101 01111 93111 68111	1861 <b>23191 (1811 B188) (9</b>	(W) 12119 1811 1401
11030 S.W. 141 AVE. 11030 S.W. 141 AVE.					j		
MIAMI FL 33186 MIAMI FL 33186					DO NOT MOTE	IN THE CRACE	
	;				DO NOT WRITE  3. Date Incorporated or Qualifed	IN THIS SPACE	<del>-</del>
					02/22/1995		
2. Principal F	Place of Business	2a, Mailing Address		<u> </u>	4. FEI Number		Applied For
21		26			65-0561897		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22	· ·	27			5. Certificate of States Session .	Fee	Required
City & Stat	te	City & State			6. Election Campaign Financing		<b>0</b> May Be
23		28			Trust Fund Contribution	Adde	d to Fees
Zîp	Country	Zîp	Cour	try	8. This corporation owes the current	t year Intangible ☐ Yes	□No
24	25	29	30		Personal Property Tax.  10. Name and Address of New Reg		
	9. Name and Address of Curre	nt Registered Agent		B1 Name	TO. Hame and Address of New Key	hareten Whenr	
COS	SENTINO, GABRIEL E						
110	30 S.W. 141 AVE.		ļ	82 Street Add	Iress (P.O. Box Number is Not Acceptable	3)	
	MI FL 33186		}	63		,	
							·
				84 City		FL 85 Zi	p Code
44 Durauant	to the province of Sentions 607.05	02 and 607 1508 Florida Statu	ites the ah	ove-named con	poration submits this statement for the pu	roose of changing	its registered
office or i agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga-	e of Florida. Such change was a	authorized	by the corporati	ion's board of directors. I hereby accept the	ne appointment as	registered
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable. (NOT	E: Registered /	gent signature requir	ed wheл reinstating)	DATE	
12		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	SEDO AND DIDEO	
TITLE	PSD				ADDITIONS/CHANGES TO OFFIC		
NAME	COSENTINO, GABRIEL E	☐ DELETE	1.1 7171	E	ADDITIONS/CHANGES TO OFFIC	Chang	
STREET ADDRESS	1	☐ DELETÉ	1.1 TITU 1.2 NA		ADDITIONS/CHANGES TO OFFIC		
	11030 S.W. 141 AVE.	☐ DELETE	1.2 NA		ADDITIONS/CHANGES TO OFFIC		
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	11030 S.W. 141 AVE. MIAMI FL 33186 VTD COSENTINO, ANA		1.2 NA/ 1.3 STF 1.4 CIT	ME EET ADDRESS Y-ST-ZIP E	ADDITIONS/CHANGES TO OFFIC	☐ Chang	e
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6.4 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 of state 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 the receiver of the corporation of the corpor

SIGNATURE: