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 # P95000058635

HASSETT, MONTERO & GUERRA, P.A.

Principal Place of Business Mailing Address					'''	. Indertagt fill iblite ditte matte anere anere arres erres erres erres erres				
201 SEVILLA AVE 201 SEVILLA AVE										
#202	VL.	#202								
CORAL GABLES	S FL 33134	CORAL GABLES FL 33134				DO NOT WR		SPACE	<u> </u>	
US		US			3. Date in 07/28	corporated or Qualifed /1995				
2. Principal P	lace of Business	2a. Mailing Address		<u> </u>	4. FEI Nu		**		Applied For	
21		26			65-06	02006	•		Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75	5 Additional	
22	<i>n</i> , 0.0.	27			5. Certifca	ate of Status Desired		Fee	Required	
City & Stat	е	City & State			6 Flection	n Campaign Financing		\$5.0	00 May Be	
-	•	28				und Contribution			ed to Fees	
Zip	Country		Country			rporation owes the cur	rent vear Inta			
⊢	25	29 30			1	al Property Tax.	ion you mig	Z Yes	□No	
24						and Address of New	Registered A			
	9. Name and Address of Current	refizeien wäellt	81	Name	iv. Haire	Addicas of 148M		-3		
HAS	sett, kenneth p		"							
	SEVILLA AVE		82	Street	Address (P.O. Box	Number is Not Accept	able)			
STE			<u> </u>	 				<u> </u>		
i .			83							
COH	IAL GABLES FL 33134		84	City				85 Zi	ip Code	
				- 7			FL	, '		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was author	ızed bv	the corpo	corporation submit oration's board of c	s this statement for the lirectors. I hereby acce	e purpose of pt the appoir	changing atment as	registered registered	
SIGNATURE										
	Signature, typed or printed name of registered agent		<u>-</u> _	nt signature re	equired when reinstating)	ONS/CHANGES TO OF	DATE EICERS AN	D DIPEC	TORE IN 12	
12.	OFFICERS AND		13.					D DIREC		
TITLE	SD		1.1 TITLE		1hia	H. GUERRI	A		jeAddition	
NAME	SYNTHIA M GUERRA		1.2 NAME		C/A	19th DRIV	ھ			
STREET ADDRESS	1329 SE 14TH DRIVE		1.3 STREE	TADORESS	1327 56					
CITY-ST-ZIP	DEERFIELD BCH FL 33441		1.4 CITY-S	T-ZIP	Decepala	J Bch Fl.	3344			
TITLE	VD	DELETE :	2.1 TITLE		,			☐ Chang	ge	
NAME	HASSETT, KENNETH P		2.2 NAME							
STREET ADDRESS	5870 SW 37 AVE		2.3 STREE	T ADDRESS	· ·					
CITY-ST-ZIP	FT LAUDERDALE FL 33312		2. 4 CITY-5	ST-ZIP				•		
TITLE	VS		3.1 TITLE				_	☐ Chang	ge Addition	
NAME	GUERRA, CYNTHIA M		3.2 NAME			•		•		
STREET ADDRESS	1329 S.W. 14TH DR.	t i		TADDRESS	ĺ			٠,		
	DEERFIELD BEACH FL 33441		3.4. CITY-5					•		
CITY-ST-ZIP	DEERFIELD DEACH FL 33441		3.4. CITY-8 4.1 TITLE)1-ZIP	- · · · · · · · · · · · · · · · · · · ·		****	☐ Chanc	ge	
TITLE									,	
NAME			4. 2 NAME					:	•	
STREET ADDRESS		•		T ADDRESS	-					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		<u> </u>	<u> </u>			
TITLE			5.1 TITLE	j				. Chang	ge 🔲 Addition	
NAME			5.2 NAME				-	٠ ـ	· -	
STREET ADDRESS			53 STREE	TADDRESS						
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				• ,		
TITLE		☐ DELETE	6.1 TITLE					☐ Chang	ge Addition	
NAME			6.2 NAME							
STREET ADDRESS	}	1.	6.3 STREE	T ADDRESS						
INCE LAUGREGO										

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.

6.4 CITY-ST-ZIP

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90036 042 ***150.00