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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90009 016 ***150.00

DOCUMENT # P9600007554

1. Corporation Name

CENTRA	L AMERICAN EQUITIES COR					
Principal Place	e of Business	Mailing Address				
19200 von Kaf Suite 850 Irvine Ca 9261 US		19200 von Karman Suite 850 Irvine Ca 92612 US		DO NOT WRITE IN 3. Date incorporated or Qualifed 01/23/1996	N THIS SPACE	
2. Principal Pl	ace of Business	2a. Mailing Address	•	4. FEI Number	Applied For	
	acc of Business		AGGIAND	65-0636168	Not Applicable	
Suite, Apt.	#. etc.	Suite Ant # etc	* A		\$8.75 Additional	
22		27 UD31 MAR	casel Hue	5. Certifcate of Status Desired	Fee Required	يــــا
City & State		City & Stor	-0-6	6. Election Campaign Financing	\$5.00 May Be	~
23	, <u> </u>	28 JOS TANGEL	65, CA 7	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip 90066 30	Country	This corporation owes the current y Personal Property Tax.	year Intangible` ☐ Yes ☐ No	
	9. Name and Address of Current	<u></u>	<u> </u>	10. Name and Address of New Regis	stered Agent	
			81 Name			
	MAN, ERIC P.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		ł
	SW 104TH ST		dz Street Addr	ress (1.0. Box Humber is Not Acceptable)	,	
HT8	· -		83			
AAIM	/II FL 33156		84 City		85 Zip Code	
			84 City		FL S Zip Code	
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statutes, Florida. Such change was auth ons of, Section 607.0505, Florida	the above-named corp orized by the corporation Statutes.	oration submits this statement for the purp on's board of directors. I hereby accept the	e appointment as registered	
11. Pursuant office or reagent. I a	m familiar with, and accept the obligation	and title if applicable (NOTE: Re	a Statutes. gisterad Agent signature require	ad when reinstating)	DATE	9
agent. I a	Signature, typed or printed name of registered agent in OFFICERS AND	and title if applicable (NOTE: Re	gistered Agent signature require		DATE ERS AND DIRECTORS IN 12	100
agent. I a	Signature, typed or printed name of registered agent in OFFICERS AND	and title if applicable (NOTE: Re	gistered Agent signature require 13. 1.1 TITLE	ad when reinstating)	DATE	100
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition