PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P97000084155

1. Corporation Name

Principal Place of Business		Mailing Address					
5079 SOCIETY PLACE WEST. APT E WEST PALM BEACH FL 33415		5079 SOCIETY PLACE WEST, APT E WEST PALM BEACH FL 33415					
i !							
2. Principal Place of Business							
2. Principal Place	of Business	2a. Mailing Address					
	of Business	26					
		——————————————————————————————————————					
21 , Suite, Apt. #, e		26					
21 , Suite, Apt. #, e		26 Suite, Apt. #, etc.					
Suite, Apt. #, e 22 : City & State		26 Suite, Apt. #, etc. 27					
21 , Suite, Apt. #, e 22 ; City & State		Suite, Apt. #, etc. 27 City & State					
21 , Suite, Apt. #, e 22 ; City & State 23 ;	tc.	26 Suite, Apt. #, etc. 27 City & State 28					

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90051 017 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Fee Required

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

09/29/1997 4. FEI Number

65-0789015

City & State	е	City & State				6. Election Campaign Financin	g 📑	\$5.00 1	•
3 :		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the c	urrent year In		
4 ,	25 29		30	ō		Personal Property Tax.	4.000		□No
- -	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of Nev	v Registered	Agent	
				81 N	ame				
CABRAL, CESAR R				SD Charles Address (D.O. Barrello Nor in Not Assentable)					
5079 SOCIETY PLACE WEST, APT E				82 Street Address (P.O. Box Number is Not Acceptable)				•	
WEST PALM BEACH FL 33415				83					
•	,								
	•			84 C	ty		FL	85 Zip C	ode
44 5	to the provisions of Sections 607.05	00 C07 1509 Florida	Statutoe the	above-pa	med corno	ration submits this statement for t		f changing its r	registered
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change t	was authorize	ed by the	corporatio	n's board of directors. I hereby ac	cept the appo	intment as reg	istered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registere	ed Agent sign	ature required	when reinstating)	DATE		
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TITLE	Р	☐ DELE	TE 1.11	TITLE				☐ Change	☐ Addition
NAME '	CABRAL, CESAR R. S		1.21	NAME			•		
STREET ADDRESS	5079 SOCIETY PL W, APT E		. 13		RESS				
	WEST PALM BEACH FL 3341	5							
CITY-ST-ZIP,	VPT DELETE			1.4 CITY-ST-ZIP			*******	Change	Addition
TITLE	_ · · ·						,	_ , ,	_
NAME	CABRAL, CESAR R. J			NAME					
STREET ADDRESS		-		2.3 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·		- :	-
CITY-ST-ZIP,	WEST PALM BEACH FL 3341			CITY-ST-ZIF	,			Change	Addition
TITLE	S	☐ DELE	1E 3.1	TITLE			•	☐ Criange	[_] Addition
NAME	CABRAL, MARIA I.		3.21	NAME					
STREET ADDRESS	5079 SOCIETY PL W, APT E		3.3	STREET ADD	RESS				
CITY-ST-ZIP.	WEST PALM BEACH FL 3341	5	3.4.	CITY-ST-ZI	,				
TITLE		☐ DELE	TE 4.1	TITLE				☐ Change	☐ Addition
NAME :	• .		4.2	NAME					
STREET ADDRESS			4.3	STREET ADD	RESS		-		
CITY-ST-ZIP.			4.4	CITY-ST-ZIP					
TITLE		☐ DELE		TITLE				Change	Addition
NAME :			5.2	NAME					
STREET ADDRESS			5.3	STREET ADD	RESS				
			5.4	CITY-ST-ZIF					
TITLE	· · · · ·			TITLE			•	Change	Addition
	, garage matrix may grow a			NAME					_
		•		STREET ADD	DESC				
	MOCHENI MILABEL A		6.3	SIKEELADL	TESS				
•				CITY-ST-ZIF	. 1				

officer or director of the corporation Block 12 or Block 13 if changed, with an address, with all other like empowered.

TIPE DECINED ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #