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 # P9800003717 1. Corporation Name

FALCO SALES, INC.

Principal Place of Business

Mailing Address

4970 SW 72ND AVE. SUITE #105 MIAMI FL 33155

4970 SW 72ND AVE. SUITE #105 MIAMI FL 33155

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90060 031 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 01/07/1998

							01/01/1000		
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number	Ар	plied For
21	•	26					650822317	No	t Applicable
Suite, Apt. i	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 ₽	Additional
22		27					5. Certifcate of Status Desired	Fee Re	quired
City & State	9		City & State		-		6. Election Campaign Financing	\$5.00	Mav Be
23		28	•				Trust Fund Contribution	Added t	
Zip	Country	1	Zip	Cou	ntry		8. This corporation owes the current year Inta	angible	
24	25	29		30			Personal Property Tax.		□No
24	9. Name and Address of Curren		stered Agent	11			10. Name and Address of New Registered	Agent	
					81	Name			
BONAITA, ANDREA 4970 SW 72ND AVE, SUITE #105 MIAMI FL 33155									
					82 Street Address (P.O. Box Number is Not Acceptable)				
					83				
					84	City		85 Zip (Code
	· · · · · · · · · · · · · · · · · · ·						<u> </u>	<u> </u>	
11. Pursuant l	to the provisions of Sections 607.050.	2 and 6	607.1508, Florida Statut	tes, the al	bove	-named corp	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	cnanging its	registered gistered
office or re agent. I as	egistered agent, or both, in the State in m familiar with, and accept the obligation	or Fioric tions of	ua. Such change was a ^r , Section 607.0505, Flo	orida Stati	utes.	ine corporati	on a board of directors. Thereby accept the appoin	anon as le	9.5.0.00
-									
SIGNATURE	Signature, typed or printed name of registered agen	t and title	if applicable. (NOTE	: Registered	Agent	signature require	ed when reinstating). DATE		
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	D		DELETE	1.1 TI	TLE .			☐ Change	☐ Addition
NAME	BONAITA, ANDREA			1.2 NA	ME				
STREET ADDRESS	ACTO CIM TONID AVE CUITE #405					ADDRESS			
	1841 Ft 00455				TY-ST				
CITY-ST-ZIP	D		DELETE	2.1 TI		-2117		☐ Change	Addition
TITLE	•		□ pereve	1					
NAME	GIBELLINI, DAVID L	105		2.2 NA					
STREET ADDRESS	4970 SW 72ND AVE, SUITE #1	105		2.3 \$1	REET	ADDRESS			Ì
CITY-ST-ZIP	MIAMI FL 33155				ITY-S1	T-ZIP			Addition
TITLE	,D ,		☐ DELETE	3.1 Th	n.E			☐ Change	[_] Addition
NAME	ANCONA, ELIZABETH E			3.2 N	ME				
STREET ADDRESS	4970 SW 72ND AVE, SUITE #	105		3.3 ST	REET	ADDRESS			18. 18 gr
CITY-ST-ZIP	MIAMI FL 33155			3.4. C	ITY-SI	T-ZIP			() (A. 35)
TITLE			☐ DELETE	4.1 TI	TLE.			Change	Addition
NAME .				4.2 N	AME				
STREET ADDRESS						ADDRESS			
					TY-ST				
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TI				☐ Change	Addition
			_ 522212	5.7 N				_ ,	_
NAME						ADDRESS			
STREET ADORESS									1
CITY-ST-ZIP			——————————————————————————————————————		TY-ST	-ZIP		[] Channel	T & delition
TITLE	• **		☐ DELETÉ	6.1,TI				Change	Addition
NAME				6.2 N					i
STREET ADDRESS				6.3 \$1	REET	ADDRESS			}
CITY-ST-ZIP	₩.			6.4 CI	TY-ST	- ZIP			į
4.4 L.L.		th this f	Cline desperatoriolife fo	- 45		on stated in	Section 119 07(3)(i). Florida Statutes, I further cer	tifu that the i	nformation

indicated on this annual report or supplied with this limit does not qualify for the exemption stated in Section (19.07(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

SIGNATURE

305-662-9076