03-01-1999 90134 014 \*\*\*150.00

## 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 # P9800093746

Corporation Name	CE COMPANY, INC.	50907-									
Principal Place of Business Mailing Address								1 1201/251 110 15101 10111 00111		J <b>Q</b> 100 11111 10011 0	
13756 SW 48TH ST.	13756 SW	13756 SW 48TH ST.									
MIAMI FL 33175	MIAMI FL	MIAMI FL 33175									
								··· ·· ·	RITE IN THIS	SPACE	
						;		ate Incorporated or Qualife 1/04/1998	d		
2. Principal Place of E	Business	2a. Mailin	g Address	-		1	4. F	El Number		Apr	olied For
21		26					,			Not	Applicable
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				E - C	ertifcate of Status Desired		\$8.75 A	dditional
22		27	27				5. C	eulicate of Stards Desired	. 🖳	- Fee Rec	quired
City & State		City &	State			- 1	6. E	lection Campaign Financing	, 🗆	\$5.00	May Be
23		28					T	rust Fund Contribution		Added to	Fees
Zip	Country	Zip	r <del>-</del>	Country	1			his corporation owes the cu	rrent year Int		
24 25 29 30								ersonal Property Tax.			□No
Name and Address of Current Registered Agent  81						1	0. N	ame and Address of New	Registered	Agent	
DVI EC DICHARD D					Name	He	λl	y Carci	a		j
PYLES, RICHARD B					Street	Address	(P.O	. Box Number is Not Accep			
20343 OLD CUTLER RD.					13	<del>7</del> 54	, ;	<u>5'W 485</u>			
MIAMI FL 3	3169			83							ţ
					City ,	Ν.	,			85 Zip C	ode
					1		3		FL	.   33	
office or registerer	ovisions of Sections 607.05 d agent, or both, in the Stat ar with, and accept the oblig	e of Florida. Suct	n change was auti	nonzed by	the corpo	corporati oration's	ion s boar	ubmits this statement for the d of directors. I hereby acc	e purpose of ept the appoi	changing its r ntment as reg	registered pistered
•		Meily	(nae cu								
SIGNATURE Signature, the dar pointed name of registered agent and title if applicable (NOTE: Registered Agent signature)						equired whe	n reins	stating)	DATE		
12.	FICERS A	ND DIRECTORS		13.			AD	DITIONS/CHANGES TO O	FFICERS AN	_	
TITLE	•		☐ DELETE	1.1 TITLE		Pac	٠5١	dent.		☐ Change	Addition
NAME				1.2 NAME		Hei	M	Garcia			
STREET ADDRESS				1.3 STREET	T ADDRESS	137	54	5 5w 485+			
CITY-ST-ZIP				1.4 CITY-S	T-ZIP			mi FL 331	75		
TITLE			☐ DELETE	2.1 TTTLE		بن ر	e '	Peasident		Change	Addition (
NAME	22		2.2 NAME		hui		Peraza				
STREET ADDRESS				2.3 STREET	ADDRESS	777	90	SW 33 TER	۲.		j
CITY-ST-ZIP				2.4 CITY-S	T-ZIP	Hi	مه	mi FC 331	55		
TITLE			☐ DELETE	3.1 TITLE						☐ Change	Addition
NAME				3.2 NAME							į
STREET ADDRESS				3.3 STREET	T ADDRESS						Ì
CITY-ST-ZIP				3.4. CITY- S	T-ZIP						
TITLE			☐ DELETÉ	4.1 TITLE						Change	Addition
NAME				4. 2 NAME							1
STREET ADDRESS				4.3 STREET	ADDRESS						Í
CITY-ST-ZIP				4.4 CITY-S	T-ZIP						
TITLE			DELETE	5.1 TITLE				<del></del>		☐ Change	☐ Addition
NAME				5.2 NAME							}
STREET ADDRESS				5.3 STREET	ADDRESS						
CITY-ST-ZIP				5.4 CITY-S	T-ZIP						
TITLE			☐ DELETE	6.1 TITLE						☐ Change	☐ Addition
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREET	ADDRESS						

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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS