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PROFIT CORPORATION ANNUAL REPORT 1999

1, Corporation Name

DOCUMENT # \$11410



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90168 030 ***150.00

CASHNE	ET CORPORATION						
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Principal Place	e of Business	Mailing Address				 	FI 841 WIWII F#84
399 CHALLENG	ER RD	155 CAVALIER STREET					
SUITE 102 PALM BAY FL 32909-1174							
CAPE CANAVEI	RAL FL 32920	U\$			DO NOT WRITE IN T	HIS SPACE	
US .					3. Date Incorporated or Qualifed		ا
B. Dringing D	Mone of Dissipance	2a. Mailing Address	ತರುವುದ್ದಾ "		4. FEI Number	Apr	plied For
	Place of Business	-			59-3032232		t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 A	
22	<i>II</i> , 000.	27		•	5. Certifcate of Status Desired	Fee Re	
City & State	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23	·	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year	r Intangible	
24	25	29 30	0		Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registe	red Agent	
ECD:	NANDO DOMEO D. ID		81	Name			
	NANDO, ROMEO D., JR. CAVALIER STREET		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	M BAY FL 32909						
FALI	M DAT FL 32909		83				
			84	City		85 Zip C	ode
		- 1500 FI 11 8				FL OF ZIPC	raniotarad
office or re	registered agent, or both, in the State.	of Florida. Such change was auth	iorized by i	the corporatio	pration submits this statement for the purpos in's board of directors. I hereby accept the a	ppointment as reg	gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florida	a Statutes.	-			
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE: Re	egistered Agen	t signature required	I when reinstating) DATI	E	ì
12.				-			
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	RS IN 12
TITLE	PD OFFICERS AN	ID DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO Change	RS IN 12
	PD FERNANDO, ROMEO D., JR.				ADDITIONS/CHANGES TO OFFICER		
TITLE	PD FERNANDO, ROMEO D., JR. 155 CAVALIER STREET		1.1 TITLE	ADDRESS	ADDITIONS/CHANGES TO OFFICER		
TITLE NAME	PD FERNANDO, ROMEO D., JR. 155 CAVALIER STREET PALM BAY FL 32909		1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICER	☐ Change	Addition
TITLE NAME STREET ADDRESS	PD FERNANDO, ROMEO D., JR. 155 CAVALIER STREET PALM BAY FL 32909 STD		1.1 TITLE 1.2 NAME 1.3 STREET		ADDITIONS/CHANGES TO OFFICER:		
NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDO, ROMEO D., JR. 155 CAVALIER STREET PALM BAY FL 32909 STD VILLARUZ-FERNANDO, FE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST		ADDITIONS/CHANGES TO OFFICER:	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD FERNANDO, ROMEO D., JR. 155 CAVALIER STREET PALM BAY FL 32909 STD VILLARUZ-FERNANDO, FE 155 CAVALIER STREET	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	T-ZIP	ADDITIONS/CHANGES TO OFFICER:	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD FERNANDO, ROMEO D., JR. 155 CAVALIER STREET PALM BAY FL 32909 STD VILLARUZ-FERNANDO, FE	□ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME	T-ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
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does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information tryls true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing indicated on this annual report or supplemental annual report of ficer or director of the corporation of the receiver trust Block 12 or Block 13 if changed, and an attachment with like empowered.

SIGNATURE:

Daytime Phone #