

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

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

02-23-1999 90003 043 \*\*\*150.00

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DOCUMENT # F98000005645

1. Corporation Name

PENTAD SERVICES, INC.

Principal Place of Business  
2657 WINDMILL PKWY #5000  
HENDERSON NV 89014

Mailing Address  
2657 WINDMILL PKWY #5000  
HENDERSON NV 89014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1998

4. FEI Number

54-1652539

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

GARVER, CECIL E  
BUILDING 1690  
TYNDALL AFB FL 32403

10. Name and Address of New Registered Agent

81 Name

GARVER, CECIL E.

82 Street Address (P.O. Box Number is Not Acceptable)

MINNESOTA AVENUE

83

BERG-LILES DINING HALL, BLDG 1690

84 City

TYNDALL AFB

85

FL

Zip Code

32403

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME EMBESTRO, AUDIE-AME S  
STREET ADDRESS 2657 WINDMILL PKWY #5000  
CITY-ST-ZIP HENDERSON NV 89014

TITLE VCST ☐ DELETE

NAME EMBESTRO, MARIA R  
STREET ADDRESS 2657 WINDMILL PKWY #5000  
CITY-ST-ZIP HENDERSON NV 89014

TITLE D ☐ DELETE

NAME EMBESTRO, GENARA S  
STREET ADDRESS 2657 WINDMILL PKWY #5000  
CITY-ST-ZIP HENDERSON NV 89014

TITLE D ☐ DELETE

NAME ANTONIO, JOSE S  
STREET ADDRESS 2657 WINDMILL PKWY #5000  
CITY-ST-ZIP HENDERSON NV 89014

TITLE V ☐ DELETE

NAME ALBEA, LEOPOLDO C  
STREET ADDRESS 1220 KIPLING PLACE  
CITY-ST-ZIP OXNARD CA 93033-6697

TITLE V ☐ DELETE

NAME MOWERY, JOHN J  
STREET ADDRESS 14633 S. PADRE ISLAND DR  
CITY-ST-ZIP CORPUS CHRISTI TX 79418

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Audie-AME S. Embestro  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUDIE-AME S. EMBESTRO

4 JAN 99 702 269 9310

Date

Daytime Phone #

CR2E034 (11/98)