PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # M15013

Principal Place of Business	Mailing Address
2690 W. 3 CT.	2690 W. 3 CT.
HIALEAH FL 33010	HIALEAH FL 33010
US	US

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90179 044 ***150.00

LABRADO	OR & FUNDORA CORPORA	TION								
Principal Place	of Business	Mailing Address						TABLI II MARA IDIC ARA	II BIBII ULUIS USBII	Olaic Beufi (Bal
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US		US				-		WRITE IN TH	IS SPACE	
							Date Incorporated or Qua	inea		
	40	0 - Mailing Address					05/01/1985 FEI Number			pplied For
	ace of Business	2a. Mailing Address				1			<u> </u>	ot Applicable
21 Suita Ant	# oto	Suite, Apt. #, etc.					59-2532329			Additional
							Certifcate of Status Desire	ed 🗀	•	equired
City & State						6.5	Election Campaign Finance	cina	\$5.00	May Be
23		28				1	Trust Fund Contribution	-iiig []		to Fees
Zip	Country	Zip	Co	ountry		8. 7	This corporation owes the	current year	Intangible	-
24	25	29	30				Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. l	Name and Address of N	ew Registere	d Ageni	
				81	Name					
	RADOR, DOMINGO			82	Street Addr	ress (P.0	O. Box Number is Not Ac	ceptable)		
–	NW 142ND LANE			\perp						
MIAN	N FL 33016			83						
				84	City				. 85 Zip	Code
								F		
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the	above-	named corp	poration :	submits this statement fo	r the purpose	of changing its	s registered
office or re	adictored agent or both in the State	of Florida. Such change wa	s authorize	an nv fr	ne comoratio	ion's boa	ard of directors. I hereby a			egistered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change wa	s autnorize Florida Sta	ed by tr atutes.	ne corporation	ion's boa	ard of directors. I hereby a	accept the apt	outerione do re	egistered
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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: