FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # P31964**

1. Corporation Name

CROSSBOW ENTERPRISES LTD., INC.

| | AA. 17. A. A. A. | |
|--------------------------------------|--------------------------------------|---|
| Principal Place of Business | Mailing Address | |
| 15601 SW 83RD AVE. MIAMI FL 33157 | 15601 SW 83RD AVE. MIAMI FL 33157 | • |
| | | |
| 2. Principal Place of Business | 2a. Mailing Address | |

Apr 08, 1999 8:00 am Secretary of State 04-08-1999 90009 019 ***150.00

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|---------------------------------------|--|--|-----------------------|------------------------|--|-------------------|------------------|
| Principal Place | e of Business | Mailing Address | | | - I INDITED I 188 I ILIEU I INDIA (BILLO BILLO B | .10(1 01014 01011 | OTALL BEREI SERI |
| 15601 SW 83RD AVE. 15601 SW 83RD AVE. | | | | ě | | | |
| MIAMI FL 33157 | | MIAMI FL 33157 | | | DO NOT WRITE IN THIS | SPACE | |
|) ' | | | | | 3. Date Incorporated or Qualifed | 3FACE | |
| | | | | | 11/29/1990 | | } |
| 0 0 | - f Disinge | 2a. Mailing Address | | | 4. FEI Number | Δτ | optied For |
| | ace of Business | | | | 58-1898271 | <u> </u> | ot Applicable |
| 21 Suite, Apt. | # etc ===== | 26 Suite-Apt-#; etc. | | | | | Additional |
| 22 | w, 610. | 27 | | | 5. Certificate of Status Desired | | equired |
| City & State | е . | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | * | 28 | | - | Trust Fund Contribution | - | to Fees |
| Zip | Country | Zip | Count | гу | 8. This corporation owes the current year Int | angible | |
| 24 | 25 | 29 30 |] | | Personal Property Tax. | ☐ Yes | □No |
| | 9. Name and Address of Current | t Registered Agent | | | 10. Name and Address of New Registered | Agent | |
| 8 | FOTEBOO NAME O | | 8 | 1 Name | | | Į |
| | LESTEROS, IVAN G. | | 8 | 2 Street Add | ress (P.O. Box Number is Not Acceptable) | | |
| 1 |)1 SW 83RD AVE. | | | | | | |
|) MIAN | VII FL 33157 | | 8 | 3 | | | |
| Į | | | 8 | 4 City | | 85 Zip | Code |
| | | | | 1 ' | <u>FL</u> | . | |
| 11. Pursuant | to the provisions of Sections 697.050 | 2 and 607.1508, Flarida Statutes, | the abo | ve-named corp | poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint | changing its | registered |
| agent. La | egistered agent, on toou, in the state m familiar With and posept the ph/ga | itbiishi Seque 6070506, Florida | Statute | es. | A · · · · | laa | |
| SIGNATURE | WW TOXXX | | | | 11001119/ | <u>99.</u> | |
| 31314710112 | Signature, typed or printed name of registered agei | | | gent signature require | | D DIDEOT | 2DC IN 12 |
| 12. | | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | ☐ Change | Addition |
| TITLE | P | □ DE¥ETE | 1.1 TITLE | ŀ | | Gridingo | |
| NAME | BALLESTEROS, IVAN | | 1.2 NAME | Į. | | | [|
| STREET ADDRESS | 15601 SW 83RD AVE. | | | ET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL | □ DELETE | 1.4 CITY- | | | ☐ Change | Addition |
| TITLE | ST | □ pereie | 2.1 TITLE | | | و ماستان | |
| NAME. | BALLESTEROS, INES L. | | 2.2 NAME | - (| | | ļ |
| _STREET ADDRESS. | 15601 SW 83RD AVE | مينا <u>ندي بسي</u> نه <u>مدين</u> الأواليوس | | EET ADORESS | ينسو سواد مدوات الأستان والأواود ميسود كيسود | | : - } |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY 3.1 TITLE | | | Change | Addition |
| TITLE | | | 3.2 NAME | | | <u> </u> | _ |
| NAME | | | 1 | EET ADDRESS | | | ļ |
| STREET ADDRESS | | | 3.4. CITY | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Change | Addition |
| NAME | | | 4. 2 NAM | 1 | | - • | Ì |
| | | | | EET ADDRESS | | | |
| STREET ADDRESS | | | 4.4 CITY | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STRE | EET ADDRESS | | | } |
| CITY-ST-ZIP | | | 5.4 CITY | - 1 | | | } |
| TITLE | , , , , , , , , , , , , , , , , , , , | ☐ DELETE | 6.1 TITLE | | | Change | Addition |
| NAME | | · | 6.2 NAM | E | | | |
| STREET ADDRESS | | | 6.3 STRE | EET ADORESS | | | ļ |
| CITY-ST-ZIP | | | 6.4 CITY- | -ST-ZIP | | | İ |
| UIII-QI-ZIP | | | | T T | | | |

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 poort 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 comporation or the receiver of flustee impowered 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 another like empowered.

SIGNATURE: