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PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris Secretary of State **DIVISION OF CORPORATIONS**

FLORIDA DEPARTMENT OF STATE

DOCUMENT # 392823 1. Corporation Names

ESTMAR CORP.

	CONF							
Principal Place	of Business	Mailing Address			ING SISO BIDSI DII	alt aíbyl afai	(PIEIL BIMII 1881	
C/O ESTMAR CORP 7287 SW RED ROAD MIAMI FL 33143-5309 US		ESTMAR CORP 7287 SW RED RD SW MIAMI FL 33143-5309 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/17/1971				
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number			Applied For	
21		26		59-1372186		بتنا كالمحاجب	lot Applicable	
Suite, Apt.	#, etc.	Suite-Apt-#, etc		5. Certificate of Status Desired		*	Additional Required	
City & State	3 ,	City & State		Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country 25	Zip 30	Country	This corporation owes the curre Personal Property Tax.	ent year Inta	ingible	□No	
24	9. Name and Address of Current		1	10. Name and Address of New R	legistered A	Agent		
	o. Hallio and Padroos of Galloni	- T	81 Name			,		
	NCO, ESTHER 5 S.W 43RD ST.		82 Street Ad	ddress (P.O. Box Number is Not Accepta	ible)			
	ALFL	•	83					
						85 Zir	Code	
	', '							
			84 City		FL		i	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was autho	the above-named co	orporation submits this statement for the ation's board of directors. I hereby accept	purpose of control the appoint	changing it	ts registered	
office or re agent. I as SIGNATURE	egistered agent, or both, in the State c	of Florida. Such change was authorions of, Section 607.0505, Florida	the above-named co	ation's board of directors. Thereby accep	purpose of on the appoint	changing it	ts registered	í
office or re agent. I as SIGNATURE	egistered agent, or both, in the State on the state of the including the accept the obligation of the control o	of Florida. Such change was authorions of, Section 607.0505, Florida and title if applicable. (NOTE: Reg	the above-named corrized by the corpora Statutes.	ation's board of directors. Thereby accep	DATE DATE	changing introduction to the changing in the changing in the change in the change in the change in the changing in the changin	ts registered registered	
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Office or it agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligated agent of the state of the	of Florida. Such change was authorions of, Section 607.0505, Florida t and title if applicable. (NOTE: Reg D DIRECTORS	the above-named corrized by the corpora Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstating)	DATE DATE	changing introduction of the control	ts registered registered TORS IN 12	
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZH

TITLE

NAME

☐ DELETE

Addition

Change