## 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

## DOCUMENT # 471268

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90166 043 \*\*\*150.00

LOMBA ENTERPRISES, INC.								
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Principal Place	e of Business	Mailing Address				IKIMI IMIS MANSI MIMIL I		
Principal Place of Business  1231 LINCOLN ROAD  MIAMI BEACH FL 33139  Mailing Address  1231 LINCOLN ROAD  MIAMI BEACH FL 33139					DO NOT WR	TE IN THIS SP	ACE	
		·			3. Date Incorporated or Qualifed			
					03/03/1975			\$
2. Principal P	Place of Business	2a. Mailing Address	_		4. FEI Number		App	olied For
21		26			59-1579707		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	_ <b>3</b>	<b>8.75</b> A ∶Fee Red	
City & State	le .	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution	ب	Added to	
Zip	Country	Zip	Country	у	8. This corporation owes the cur			
24			30		Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent	81	. Name	10. Name and Address of New	Registered Age	nt ··	
LOM	IBA, RAQUEL		81	Name				
	W 76 ST		82	Street Addr	ress (P.O. Box Number is Not Accept	able)		
	EAH FL 33014		83		·			
TILAL	2_Fit 1 2 000 14		103	<b>'</b>				
			84	City		FL <sup>8</sup>	5 Zip C	ode
44 5	to the provisions of Sections 607.050	2 CO7 4E08 Fl C4-5-4-	- the shell	in somed com	paration submits this statement for the		naina ite i	registered
office or re	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was au	thorized by	the corporation	on's board of directors. I hereby acce	pt the appointme	ent as reg	istered
ayent. i ai	ım tamılıar with, and accept the obliga	tions of, Section 607.0505, Fion	ida Statutes	S.				
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Age	s. Int signature require	od when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN					DATE FICERS AND D		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered Age 13. 1.1 TiTLE	ent signature require	od when reinstating)	DATE FICERS AND D	IRECTO	RS IN 12
SIGNATURE  12.  TITLE .  NAME	Signature, typed or printed name of registered ager OFFICERS AN DS LOMBA, RAQUEL	nt and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature require	od when reinstating)	DATE FICERS AND D	IRECTO	RS IN 12
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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 of the receiver or trustee emproyered 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 (3.05) 6.72-9357 Deyume Phone # (86/11) tonazy