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 # 509169

PICA ENTERPRISES, INC.

Principal Place of Business	Mailing Address		
2657 N. E. 188 STREET MIAMI FL 33180	2657 N. E. 188 STREET MIAMI FL 33180		
	a. Mailing Addrace		
2. Principal Place of Business	2a. Mailing Address		

May 05, 1999 8:00 am Secretary of State

05-05-1999 90145 037 ***150.00

	L 16101 11010 DILLO	ICH SHIN BEGIN		01 0 11
- 1918 1 15 16				
. 		1801 B1811 B1801	B/B// B/S//	18118181118

DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 07/01/1976		1		
- D		a Mailing Address			4. FEI Number		plied For		
-	Place of Business 2a. Mailing Address				59-1686026	<u> </u>	t Applicable		
21		Suite, Apt. #, etc.			39-1000020	\$8.75 A			
Suite, Apt.	#, etc.	27 Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Re			
City & State	City & State City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip	Country	,	a This corporation owes the current year Inta	ngible			
24	25	29 30			Personal Property Tax.				
<u>*</u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	egent			
			81	Name					
	ger, Jonathan P.		82	82 Street Address (P.O. Box Number is Not Acceptable)					
1180	0 NW 21ST CT		62	Street Aut	diess (P.O. Box Number is Not Acceptable)				
PLAN	ITATION FL 33323		83	83					
			84	City	5 -1	85 Zip 0	Code		
				""	rporation submits this statement for the purpose of				
agent. I a	egistered agent, or both, in the State of maintain with, and accept the obligat signature, typed or printed name of registered agent	ions of, Section 607.0505, Florid	a Statutes	š. 	tion's board of directors. I hereby accept the appoin				
	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12		
12. TITLE	D	☐ DELETE	1.1 TITLE		Abbittotototototototototo	☐ Change	Addition		
NAME	TANGER, MORTEN		1.2 NAME						
}	1874 NE 214TH TERR.		•	TADDRESS					
STREET ADDRESS	MIAMI, FL 00000								
CITY-ST-ZIP		☐ DELETE	1.4 CITY-5 2.1 TITLE	31-ZIP		Change	Addition		
TITLE	STD TANGED 10V		2.2 NAME				•		
NAME	TANGER, JOY			- 4000500			,		
STREET ADDRESS	1874 N E 214TH TERR			TADDRESS					
CITY-ST-ZIP	MIAMI, FL 00000	DELETE	2. 4 CITY-	ST-ZIP		Change	Addition		
TITLE	P CONTRACTOR	□ nereie	3.1 TITLE	l		S./Birgo			
NAME	TANGER, JONATHAN		3.2 NAME						
STREET ADDRESS			,	TADDRESS					
CITY-ST-ZIP	PLANTATION FL	TI DELETE	3.4. CITY-	ST-ZIP		☐ Change	☐ Addition		
TITLE	V	☐ DELETE	4.1 TITLE			change			
NAME	WARNER, DIANE		4. 2 NAME						
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			TADDRESS					
CITY-ST-ZIP	MIRAMAR FL 33029		4.4 CITY-5	T-ZIP		Change	Addition		
TITLE	V	☐ DELETE	5.1 TITLE			change			
NAME	TANGER, JOEL		5.2 NAME						
STREET ADDRESS	1874 N.E. 214TH TERRACE			TADORESS					
CITY-ST-ZIP	MIAMI FL		5.4 CITY-5	ST- ZIP		[] ()	□ 8 3 3 2 2 2 2		
TITLE	V	☐ DELETE	6.1 TITLE	- 1		Change	☐ Addition		
NAME	WHITAKER, LAURA		62 NAME	ļ					
STREET ADDRESS	17260 122ND DRIVE N.		6.3 STREE	TADORESS					

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 suppliemental 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 chapged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: