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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90082 027 ***150.00

1. Corporation						
RETAMA	IR & ASSOCIATES, CORP.				EN BUBNI TUTUK BUBUK TUBUK E	IEN 81811 1831
	•					
Principal Place	e of Business	Mailing Address		1 (88118 81318 11817 81818 11919 1919) 118	et minit atnit ûlêtî ûlûtî ê	1811 01911 1981
328 CRANDON BL. STE. 222-B 328 CRANDON BL. STE. 222-B			P-B			
KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149				DO NOT WRITE IN	N THIS SPACE	
US		U\$		Date Incorporated or Qualifed	1 THO ST ACE	
				06/18/1979		
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Ani	olied For
21 328 CRANDO BL. 26 3 VS CRANDO		in BC.	59-1935017	·	Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 A	
22 VV 2-B 27 VV -		IS .	5. Certifcate of Status Desired	Fee Re	quired	
City & State City & State City & State City & State 28 Key Bushyue		Fy	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Country	8. This corporation owes the current y	ear Intangible	
24 3314	9 25 125	29 33149	30 0. 1	Personal Property Tax.		□No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Regis	stered Agent	
DET	AMAD (HENDY)		81 Name		•	
RETAMAR, (HENRY) 2050 CORAL WAY		82 Street Add	ress (P.O. Box Number is Not Acceptable)		m0 'R	
#519			83			
MIAN	MI FL 33145		84 City		85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purp	ose of changing its appointment as rec	registered sistered
	egistered agent. Or both in the better	or riorida. Casir origingo was car	monitor by the corporate	J		
agent. I ai	m faminar with, and accept the obligat	tions of Section 607.050 Florid	da Statutes.	on's board of directors. I hereby accept the	1 11-	
agent. I at SIGNATURE	Hos /Con (HEND	y (common) (NES	10kg	/	1-1-55	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Pegistered Agent signature require	ad when reinstating) D	1-1-27 DATE	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: F	Registered Agent signature require	/	1-1-27 DATE	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: F	Registered Agent signature require 13. 1.1 TITLE	ad when reinstating) D	ATE ERS AND DIRECTO	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PTD RETAMAR, HENRY 2050 CORAL WAY #519	t and title if applicable. (NOTE: F	Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	ad when reinstating) D	ATE ERS AND DIRECTO	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PTD RETAMAR, HENRY 2050 CORAL WAY #519	A DOLLETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ad when reinstating) D	Change	RS IN 12 Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PTD RETAMAR, HENRY 2050 CORAL WAY #519	A DOLLETE	Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	ad when reinstating) D	Change	RS IN 12 Addition
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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 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:

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