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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 858249

1. Corporation Name					
CABUYA ENTERPRISES, CORP.					
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Principal Place of Business Mailing Address					t 100 St 10101 \$1151 Julia 1211 BiEth 1211 Graff BiEth Bieth Graff Bieth
415 PINEDA COURT 415 PINEDA COURT					
STE A STE A					DO NOT WOLFF IN THE SPACE
MELBOURNE FL 32940 MELBOURNE FL 32294					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
US		US			1
2. Principal Place of Business 2a. Mailing Address		2- Mailing Address			10/26/1983 4. FEI Number Applied For
2. Principal Place of Business		<u> </u>			59-2562447 Not Applicable
Suite, Apt. #, etc.		Suite. Apt. #, etc.			\$8.75 Additional
		27			5. Certificate of Status Desired — Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country Zip			Country	'	8. This corporation owes the current year Intangible
24	25 29 30		5		Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
COLEMAN, CHRISTOPHER J			82	Street Add	dress (P.O. Box Number is Not Acceptable)
1800 W HIBISCUS BLVD			L	0.0000	,
STE 138			83		
MELBOURNE FL 32901			84	City	85 Zip Code
				,	FL
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above	e-named corp	poration submits this statement for the purpose of changing its registered
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga	or Florida. Such change was autr tions of, Section 607.0505, Florid	a Statutes	une corporau S.	ion's board of directors. I hereby accept the appointment as registered
SIGNATURE					· · · · · · · · · · · · · · · · · · ·
0.0147(1.01)	Signature, typed or printed name of registered ager			nt signature require	red when reinstating) DATE
12.		D DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	P	☐ DELETE	11 TITLE		
NAME	LEDEME, RENE		1.2 NAME		
STREET ADDRESS	415-A PINEDA COURT		1.3 STREET ADDRESS		· ·
CITY-ST-ZIP	MELBOURNE FL	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	T	☐ DELETE	2.1 TITLE		
NAME	CLERCC, JOSEE		2.2 NAME		
STREET ADDRESS	415 PINEDA COURT STE A		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	☐ DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE	S CLEDO JEAN VAES		3.1 TITLE 3.2 NAME		, , , , , , , , , , , , , , , , , , , ,
NAME	CLERC, JEAN-YVES		3.3 STREET ADDRESS		ļ
STREET ADDRESS			3.4. CITY-ST-ZIP		İ
CITY-ST-ZIP	MELBOURNE FL	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
TITLE			4. 2 NAME		_ , _
NAME			4.3 STREET ADDRESS		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
1			5.2 NAME		
NAME STREET ADDRESS			5.3 STREE		
			5.4 CITY-S		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
			6.2 NAME		
		6.3 STREE	T ADDRESS		
	1		_	,	I I

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.

6.4 CITY-ST-ZIP

SIGNATURE:

OFFICER OR DIRECTOR