## 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 # FOACC

Principal Place of Business	Mailing Address	
5220 NW 72ND AVE., #27	5220 NW 72ND AVENUE	
MIAM? FL 33166	<b># 27</b>	
US	MIAMI FL 33166	
	116	

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90030 020 \*\*\*158.75

i. Corporação	H NATIONAL BUSINESS, INC	•					
UOOLI I	THATIONAL DOGINEOU, INC	•					
Dringing Dia	ce of Business	Mailing Address					<b>                                     </b>
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5220 NW 72NI MIAMI FL 3311		5220 NW 72ND AVENUE # 27					
US		MIAMI FL 33166			DO NOT WRITE IN TH	IIS SPACE	
		US ·			3. Date Incorporated or Qualifed		
					04/16/1981		
2. Principal F	Place of Business	2a. Mailing Address	·		4. FEI Number	Ap	oplied For
21	<u> </u>	26			59-2091236		ot Applicable
Suite, Apt.	: #, etc.	Suite, Apt. #, etc.		•	5. Certificate of Status Desired	•	Additional
22 City & Sta	ıta .	City & State					equired
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip 24	Country 25	Zip [	Country 30	<i>(</i>	This corporation owes the current year     Personal Property Tax.	Intangible ☐ Yes	₫No
	9. Name and Address of Current		<del>55</del> ,		10. Name and Address of New Registere		
٠.			81	Name			
SIL\	VA, ANA M. 4.SW 58TH AVE	·	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	MI FL		83				
-	The Property of the Control		84	City		∎″ <b>85</b> Zip (	Code
91.005 339 90530		F007 4000 51 (1 0)		<u> </u>	. <u> </u>		
office or office agent. I a	registered in the State of account the obligation	; and 607.1508, Florida Statute if Florida. Such change was au ons of. Section 607.0505. Flori	es, the above ithorized by ida Statutes	e-named corporatio	oration submits this statement for the purpose in's board of directors. I hember account the app	of changing its ointment as re	régistered gistered
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SIGNATURE	- 14			•	را در این از این آن میشود شمیر در این این در چه آن میشود شمیر		
SIGNATURE					( when reinstating)		·
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12.	Signature, t	and title if applicable. (NOTE:	Registered Ager		( when reinstating)		·
12. TITLE NAME	Signature, t	and title if applicable. (NOTE:	Registered Ager 13. 1.1 TITLE 1.2 NAME	nt signature required	when reinstating)  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	PRS IN 12
12. TITLE NAME STREET ADDRESS	Signature t tered agent  - FFICERS AND  OS  SILVA, MILTON E  2294 SW 58TH AVE.	and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature required . TADDRESS	when reinstating)  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	PRS 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 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 changed, of the receiver or trustee empowered.

SIGNATURE:

Jan 06, 1999 (365) 591-1856