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 # F31769 1. Corporation Name

SUSCO CORP.

Principal Place of Business 17240 SW 77TH CT C/O ROSALIA COVER

MIAMI FL 33157

Mailing Address

17240 SW 77TH CT C/O ROSALIA COVER MIAMI FL 33157

FILED Jan 25, 1999 8:00am Secretary of State

01-25-1999 90011 020 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					04/22/1981		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FE! Number	Ap	plied For
21	26				59-2105776	No	t Applicable
- · · · · · · · · · · · · · · · · · · ·		Suite, Apt. #, etc.	t. #, etc.		5. Certificate of Status Desired	\$8.75	
27				5. Certificate of Status Desired	Fee Re	quired	
City & State City & State				6. Election Campaign Financing \$5.00		May Be	
23 28				Trust Fund Contribution Added t		o Fees	
Zip Country Zip			Country	Country 8. This corporation owes the current year Intangible			
24	29 30				Personal Property Tax.	☐ Yes	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	d Agent	
				Name			ļ
COVER, ROSALIA				Street Addr	ress (P.O. Box Number is Not Acceptable)		
17240 SW 77TH CT			82	Oticet Addi	COS (1 10: DOX 140HIDOLO 1401/1600PADIO)	7 4 1 4 1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	
MIAMI FL 33157			83			4 1/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	杨 慧 []
							Code
			84	City	F	85 Zip (COOR.
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered							
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation subtilits this statement of the purpose of changing statement of the purpose of the purpose of changing statement of the purpose of the purpose of changing statement of the purpose of the purpose of the purpose of the purpose of the							
*** agent it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registered ager	d and title if applicable (NOTE: Pa	noistered Agen	t rianahara reautira	d when reinstating) DATE		
12.		D DIRECTORS	13.	it aignizitato requiro	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DS	☐ DELETE	1.1 TITLE	1	* -	Change	Addition
	COVER, ROSALIA		1.2 NAME		• • • • • • • • • • • • • • • • • • • •		
NAME			•			•	
STREET ADDRESS	17240 SW 77TH CT			FADDRESS			
CITY-ST-ZIP	1111 0111, 1 = 01000		1.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE	<u> </u>		2.1 TITLE		·		
NAME	COVER, ENZO		2.2 NAME			-	
STREET ADDRESS	17240 SW 77TH CT		2.3 STREET	TADORESS			
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-5	ST-ZIP		Change	Addition
TITLE CON	DV .	☐ DELETE	3.1 TITLE			☐ Change	L Addition
NAME	COVER, MICHAEL		3.2 NAME				
STREET ADDRESS	17240 SW 77TH CT		3.3 STREET	T ADDRESS			- 15.
CITY-ST-ZIP	MIAMI, FL 00000		3.4. CITY- 5	ST-ZIP		<u> </u>	417. 41. 1. 1.
πιε		☐ DELETE	4.1 TITLE			Change:	. Addition
NAME		1	4.2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP		and the state of t	4.4 CITY-S	T-ZIP •			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				•
STREET ADDRESS			5.3 STREE	T ADDRESS			
	5S.		5.4 CITY-S	T-ZIP	· ·		. /
CITY-ST-ZIP TITLE	Wall Carlot State	□ DELETE	6.1 TITLE			Change	☐ Addition
	5.4.40		6.2 NAME			•	
NAME	1.545			TADORESS			
STREET ADDRESS				1			
CITY-ST-ZIP	L. C.	ul. Il.: Elian dana and amplif. for th	6.4 CITY-S		Section 119.07(3Vi) Florida Statutes I further of	ertify that the	information

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

KIGALIAN USANGO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date January 4 1999
Date Daytime Phone #

R2E034 (11/98)