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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

senoration Nam	NT # F64709 SALCINES, P.A.						
cipal Place of B	Rusiness	Mailing Address					
		% CARLOS A SALCINES	•		DO NOT WRITE I	N THIS SPACE	
CARLOS A SALCINES O W FLAGLER #248		8370 W FLAGLER #248 MIAMI FL 33144			3. Date Incorporated or Qualifed		
II FL 33144		MIAMI EL 30177				<u>_</u> *	
	ovija od postava i se od post	•			01/26/1982		Applied For
		2a. Mailing Address			4. FEI Number		Not Applicable
Principal Place	of Business	26			59-2165058	\$8.75	Additional
		Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee	Required
Suite, Apt. #, et	tc.	27			Demoison Financing	\$5.0	May Be
·	<u> </u>	City & State			Election Campaign Financing Trust Fund Contribution		ed to Fees
City & State		28			8. This corporation owes the current	vear Intangible	
	0	Zip	Country		This corporation owes the current Personal Property Tax.	Yes	No
Zip	Country		30		10. Name and Address of New Reg	istered Agent	
	9. Name and Address of Curren	1291		- 	10. Name and Address of the Re-	. 1	
	9. Name and Address of Current	it itegistere	81	1			
	IFO CADI OS A		82	Street Addr	ress (P.O. Box Number is Not Acceptable	ie)	وئ دهم اساد چارانوی
SALCIN	NES, CARLOS A	•	102			i i sanjani	N. S. E. Sie (13)
™™ 8370 W	V FLAGLER #248		83	3		。 [1] [2] [3] [3] [3] [4] [4]	图 翻 图 图
MIAM!	FL 33144		 				Zip Code
		* *	84	4 City	50.00	<u>F</u>	in the second
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6.4 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 119.07(3)(i), Florida Statutes in made under oath; that I am an 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 indicated on this annual report or supplemental annual report to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in 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.

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90009 014 ***150.00