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 # F9600000429

SERBRIE LTEE

Principal Place of Business Mailing Address					-	1011 09 014 00 144 6 1040	IIBIO IBII IBBI	•
	50 0. <u>-</u> 40600	~						
CP 23572 2370 SW 51 PL BELOEUIL RAVENSWOOD GARDEN						•		
P.O CANADA J3G-6M2 FT LAUDERDALE FL 33312					DO NOT WRITE IN THIS SPACE			
The top and the second to the					3. Date Incorporated or Qualifed			
					01/24/1996			
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For	,.
21		26			98-0156495		t-Applicable -	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional	13
22		27			U. Contineate of claims beared	Fee Re	quired	
City & Stat	te .	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip .	Countr	y	8. This corporation owes the current year			
24	25	11	30		Personal Property Tax.	☐ Yes ,	₽ No	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Register	ed Agent	•	
GIN	GRAS, BERTRAND	a last grant of the	0	Name			ļ	
SET 2370 SW 51 PL		82	Street Addre	Address (P.O. Box Number is Not Acceptable)				
RAVENSWOOD GARDEN						The state of the s	1000 1000 100	
FT LAUDERDALE FL 33312			83					
'''	TIODENDALE I E GOOTE		84	City	A CONTRACTOR OF THE	85 Zip C	ode	٠
					_	<u>'L</u>		
11. Pursuant	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute f Florida. Such change was au	s, the abov thorized by	e-named corpor the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its pointment as re	registered distered	
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flor	ida Statute			, , , , , , , , , , , , , , , , , , , ,	,	
SIGNATURE		,,	igo Otototo					
SIGNATURE								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age		when reinstating); OATE	AND DIDECTO	DC IN 12	é
12.	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE:	Registered Age		ADDITIONS/CHANGES TO OFFICERS			11/00)
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE			AND DIRECTO	RS IN 12	(44/00)
12. TITLE NAME	Signature, typed or printed name of registered agent of C GINGRAS, BERTRAND	and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	nt signature required	ADDITIONS/CHANGES TO OFFICERS			007 (44/00)
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent of FICERS AND C GINGRAS, BERTRAND 2370 SW 51 PL	and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature required	ADDITIONS/CHANGES TO OFFICERS			20E024 (44/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent of FICERS AND C GINGRAS, BERTRAND 2370 SW 51 PL FT LAUDERDALE FL 33312	and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature required	ADDITIONS/CHANGES TO OFFICERS	☐ Change	☐ Addition	CD2E037 (44/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND C GINGRAS, BERTRAND 2370 SW 51 PL FT LAUDERDALE FL 33312 PM	and title if applicable. (NOTE: DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	T ADDRESS	ADDITIONS/CHANGES TO OFFICERS			CD2E024 (44/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND C GINGRAS, BERTRAND 2370 SW 51 PL FT LAUDERDALE FL 33312 PM GINGRAS, BERTRAND	and title if applicable. (NOTE: DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME	T ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change	☐ Addition	() CD2E024 (41/08)
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND C GINGRAS, BERTRAND 2370 SW 51 PL FT LAUDERDALE FL 33312 PM GINGRAS, BERTRAND 2370 SW 51 PL FT LAUDERDALE FL 33312	and title if applicable. (NOTE: DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME	T ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change	☐ Addition	(CD2E024 (14708)
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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 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.

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

37 75

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90058 025 ***163.75

Change

☐ Addition