Applied For

Fee Required \$5.00 May Be

Added to Fees

☐ Yes

Not Applicable \$8.75 Additional

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1201 HAYS STREET



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # F9600005133

Principal Place of Business	Mailing Address		
155 ROUTE 46 WEST 3RD FLOOR WAYNE NJ 07470 US	155 ROUTE 46 WEST 3RD FLOOR WAYNE NJ 07470 US		
2. Principal Place of Business	2a. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
	Zip Country		
Zip Country	Zip Country		

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90097 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

10/04/1996 4. FEI Number

22-3438713

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

TALLAHASSEE FL 32301-2525		83					
			84 City	FL 85	Zip Code		
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 office or registered agent or both in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered							
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 12		
TITLE	DCP	DELETE 1.1 TI	TLE		hange		
NAME	LEIVA, DIEGO	1.2 N	AME	DIEGO LEIVA	4 700		
STREET ADDRESS	99 CHEYENNE WAY	1.3 S	TREET ADDRES	THESE TOLAC NEERING BAY OF T	4 873		
CITY-ST-ZIP	WAYNE NJ 07470	1.4 C	ITY-ST-ZIP	CONTRACTOR EL	33128		
TITLE	CEO	DELETE 2.1 TI	TLE		hange Addition		
NAME	LEIVA, DIEGO	2.2 N	AME	ALBERTO DELGADO			
STREET ADDRESS	99 CHEYENNE WAY	2.3 S	TREET ADORE	7800 S.W. 56th ST.			
CITY-ST-ZIP	WAYNE NJ 07470		CITY-ST-ZIP	MIAMI FL 33155			
TITLE	DV	DELETE 3.1 T	ITLE		hange XAddition		
NAME	BRENNAN, RAYMOND	3.2 N	AME	JOHN TYDEMAN OUT			
STREET ADDRESS	139 W LAKE SHORE DR	3.3 S	TREET ADDRE	DIFTO CKESCEW	Aucha		
CITY-ST-ZIP	ROCKAWAY NJ 07866	3.4. 0	CITY-ST-ZIP		AUATZUH		
πιε	D	DELETE 4.1 T	M.E	CEO	hange Addition		
NAME	MARANON, RICARDO	4, 21	NAME	TOM MALINE ST. BONIFACE ST			
STREET ADDRESS	1400 STILLWATER DR	4.3 \$	TREET ADDRE	DRESS 1817 ST. BONTINCE	- I		
CITY-ST-ZIP	MIAMI BCH FL 33141		ITY-ST-ZIP				
TITLE	VPV X	DELETE 5.1 T	ITLE		hange Addition		
NAME	QUINN, KAREN M	5.2 N	AME	JAMES SEASON			
STREET ADDRESS	5535 NETHERLAND AVE	5.3 S	TREET ADDRE		ŧ		
CITY-ST-ZIP	BRONX NY	4	ITY-ST-ZIP				
TITLE		DELETE 6.1 T		D · · · · · · · · · · · · · · · · · · ·	hange Addition		
NAME	HALVORSEN, MARILOU C		AME	ROBERT SAMS DEODULAND	LA BURWASE		
STREET ADDRESS	145 MARILYN DR		TREET ADDRE		Chi dall		
CITY-ST-ZIP	BRICK NJ		TY-ST-ZIP		=NG-LAND		
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 supplied with this limits does not quality to the exemption stated in deciding 15.07(0)/ii, included control and indicated on this 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: