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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F98000004090 1. Corporation Name

BARRIALII T ACCOCL

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90055 003 \*\*\*150.00



DA	MINULI ASSUCIATES, INC.						
Principal	Place of Business					BANG BANG BANG BANG BIR	   <b>  10</b>   1   14  1   18   1
1		Mailing Address			<u> </u>	TANK KANTARAN KANTARA	( <b>a</b> rija (rij ( arij )
P.O. BOX		105 UPLAND RD.				nasse aaste 80tst 00st) 810t	, <b>88</b> 11 <b>0</b> 10111 <b>88</b> 11 [[
LISBON M	E 04250-0351	P.O. BOX 351					
	- 042000031	LISBON ME 04250-035	f		BO WOT		
					3 Date In	THE IN THIS SPACE	Ē
2. Princip	pal Place of Business	·			3. Date Incorporated or Qualifect	,	
21	Or Oddiness	2a. Mailing Address			07/17/1998 4. FEI Number		
	Apt. #, etc.	26			· r		Applied For
22		Suite, Apt. #, etc.			01-0518798	_	Not Applicab
City & S	State	27			5. Certifcate of Status Desired	□ \$8.7	5 Additional
23	- 12.0	City & State			<del></del>	Fee	e Required
Zip		28			6. Election Campaign Financing		00 May Be
24	Country	Zip	Country		Trust Fund Contribution	Λdd	ed to Fees
ļ <del></del> 1	9 No.	29	30		8. This corporation owes the curre	ent year Intangible	10 1 663
	9. Name and Address of Curre	ent Registered Agent			relative Property lax		□No
RA	ARRIAULT, LOUISE		81	Name	10. Name and Address of New R	egistered Agent	
PAR 30	8 N. HARBOR CITY BLVD.		[	· vaine			
ME	EL BOUDNE EL ASSE		82	Street Addres	ss (P.O. Box Number is Not Acceptal	<del></del>	
1176	ELBOURNE FL 32935					ole)	
			83		· 医克勒氏 医克勒氏部 医髓炎	FF - 95 1 1 19 1 25	elo isse escre
			84	City			
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11. Pursuar office of	registered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida, Such change was	Ites, the above-n	amed corpora	ation submits this statement for the	FL   S   E	– Code
11. Pursuar office of agent. ()	r registered agent, or both, in the State am familiar with, and accept the obligat	2 and 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, Fl	utes, the above-nauthorized by the orida Statutes.	amed corporation	ation submits this statement for the pission submits this statement for the pission submits and statement for the pission submits and statement for the pission statement for the pission submits and statement for the pissio	urpose of changing i	ts registered
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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 Block 12 or Block 13 if changed, or on an attackment with/an address, with all other like empowered.

SIGNATURE: