## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT 3 CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **G58409**

1. Corporation Name

T. H. E. CUSO, INC.

:					
Principal Plac	ce of Business	Mailing Address		E INKLIYY BANK HIYAY BAYIN MININ BANKA YAKI MINIL	BIRIT DIBIL BIRIT BIRIT BIRIT 1881
C/O UNIVERSA	AL SERVICE C.U.	P.O. BOX 640			
	DR./PO BOX 639	900 HIALEAH DR	•		
HIALEAH FL 33011 HIALEAH FL 33011			DO NOT WRITE IN THIS SPACE		
	•	US		3. Date Incorporated or Qualifed	
				09/07/1983	
2. Principal F	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		59-2329020	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Star	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	
24 -	25	29	30	Personal Property Tax	∐Yes <b>XX</b> No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	Agent
1010	LICOSTANA T	· ve	81 Name	, .	·
	, HERMAN T.		82 Stree	t Address (P.O. Box Number is Not Acceptable)	
	1 SW 27TH STREET	•	02 3066	( Address ( P.O. Box Number is Not Acceptable)	
MIA	MI FL 33133		83		
				12. 1985年 经收益销售 建二氢钠	解"時"類開始的關則
	*		84 City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statute	a the chave name		-
office or r			s. the above-name	o corporation submits this statement for the burbose of	i chandino iis redistered - i
00000	registered agent, or both, in the State	e of Florida. Such change was au	thorized by the con	o corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appo	intment as registered
agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was au	thorized by the con	o corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appo	intment as registered
SIGNATURE	am familiar with, and accept the oblig	e of Florida. Such change was au lations of, Section 607.0505, Flori	thorized by the cor ida Statutes.	poration's board of directors. I hereby accept the appo	intment as registered
SIGNATURE	am familiar with, and accept the oblig	e of Florida. Such change was au lations of, Section 607.0505, Flori	thorized by the conda Statutes.  Registered Agent signature	poration's board of directors. I hereby accept the appo	intment as registered
agent. I a	am familiar with, and accept the oblig	e of Florida. Such change was au lations of, Section 607.0505, Flori	thorized by the cor ida Statutes.	poration's board of directors. I hereby accept the appo	intment as registered
SIGNATURE  12.	Signature, typed or printed name of registered ag  OFFICERS A	e of Florida. Such change was au lations of, Section 607.0505, Flori ent and title if applicable. (NOTE: ND DIRECTORS	thorized by the cord a Statutes.  Registered Agent signature  13.  1.1 TITLE	poration's board of directors. I hereby accept the appo	intment as registered  ND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A PD LEE, RON	e of Florida. Such change was au lations of, Section 607.0505, Flori ent and title if applicable. (NOTE: ND DIRECTORS	thorized by the conida Statutes.  Registered Agent signature  13.  1.1 TITLE  1.2 NAME	poration's board of directors. I hereby accept the appo	intment as registered  ND DIRECTORS IN 12
SIGNATURE  12. TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A PD LEE, RON 900 HIALEAH DR	e of Florida. Such change was au lations of, Section 607.0505, Flori ent and title if applicable. (NOTE: ND DIRECTORS	registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	poration's board of directors. I hereby accept the appo	intment as registered  ND DIRECTORS IN 12
SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A PD LEE, RON 900 HIALEAH DR HIALEAH, FL 00000	e of Florida. Such change was au lations of, Section 607.0505, Florient and title if applicable. (NOTE: ND DIRECTORS	registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	poration's board of directors. I hereby accept the appo	ND DIRECTORS IN 12 Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered ag OFFICERS A PD LEE, RON 900 HIALEAH DR HIALEAH, FL 00000	e of Florida. Such change was au lations of, Section 607.0505, Flori ent and title if applicable. (NOTE: ND DIRECTORS	thorized by the corida Statutes.  Registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	poration's board of directors. I hereby accept the appo	intment as registered  ND DIRECTORS IN 12
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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 trosted propowered 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 a ladgess, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME.

☐ DELETE

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90057 008 \*\*\*150.00

☐ Change

Addition