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PROFIT CORPORATION ANNUAL REPORT 1999

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FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

Katherine Harris

May 03, 1999 8:00 am Secretary of State

05-03-1999 90045 016 ***150.00

1. Corporation	Name . GO FOOC	•						
CUSTON	A BUILT DESIGNS, INC.							
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Principal Place	e of Rusiness	Mailing Address		·		95 IDII 89916 86816 BIBII BIBII B	HELL DIĞIL LEŞI	
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290 MIRACLE MILE CORAL GABLES FL 33134 290 MIRACLE MILE CORAL GABLES FL 33134 CORAL GABLES FL 33134						• •		
OOMIL ONDE						E IN THIS SPACE		
					3. Date Incorporated or Qualifed	•	,	
_	<u> </u>				11/18/1983			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	 	plied For	
21	-	26			59-2381743		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A		
22		27						
City & State	e , a fig.	City & State			6. Election Campaign Financing	□ \$5.00 Added to		
23	0	28	Cour	itn.	Trust Fund Contribution		er rees	
Zip	Country	Zip	30	iu y	This corporation owes the curre Personal Property Tax.	ent year intangible Yes	□No	
24	9. Name and Address of Curren	29 29	30		10. Name and Address of New R			
	9. Name and Address of Corren	it Kegistered Agent		81 Name	To. Hallio dila ricatione of the control of			
DEL	CARMEN BEREK, MARIA		ļ					
	/ALENCIA AVE.,#1001			82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)	ì	
	RAL GABLES FL 33134		ŀ	83	<u>, </u>			
				84 City		FL 85 Zip C	Code	
	to the provisions of Sections 607.050	2 and 607 1508 Florida Sta	itutos the ah	ove-named com	poration submits this statement for the		registered	
11. Pursuant office or r	registered agent, or both, in the State	of Florida. Such change was	s authorized	by the corporation	on's board of directors. I hereby accep	t the appointment as reg	gistered	
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was tions of, Section 607.0505, i	s authorized Florida Statu	by the corporation	oration submits this statement for the on's board of directors. I hereby accept	t the appointment as reg	jistered	
office or r agent://a	im familiar with, and accept the obliga-	tions of, Section 607.0505, 4	rionda Statu	ies.		t the appointment as reg	gistered	=
agent. I a	im familiar with, and accept the obligation of t	tions of, Section 607.0505, 4	rionda Statu	by the corporation tes.		DATE		(98)
agent. I a	im familiar with, and accept the obligation of registered ager OFFICERS AN	nt and title if applicable. (NO	OTE: Registered	Agent signature require	d when reinstating)	DATE		(11/98)
agent: 1.a SIGNATURE 12.	Im familiar with, and accept the obligation of registered ager OFFICERS AN	nt and title if applicable. (NO	OTE: Registered A	Agent signature require	d when reinstating)	DATE CERS AND DIRECTO	R\$ IN 12	34 (11/98)
agent 1 a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PD BEREK, MARIA DEL CARMEN	nt and title if applicable. (NO	DTE: Registered / 13, 1.1 TITI	Agent signature require	d when reinstating)	DATE CERS AND DIRECTO	R\$ IN 12	E034 (11/98)
agent: 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PD BEREK, MARIA DEL CARMEN 66 VALENCIA AVE. #1001	nt and title if applicable. (NO	TE: Registered / 13. 1.1 TIII 1.3 STR	Agent signature require	d when reinstating)	DATE CERS AND DIRECTO	R\$ IN 12	R2E034 (11/98)
agent 1 a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PD BEREK, MARIA DEL CARMEN	nt and title if applicable. (NO	TE: Registered / 13. 1.1 TIII 1.3 STR	Agent signature require E ME REET ADDRESS Y-ST-ZIP	d when reinstating)	DATE CERS AND DIRECTO	R\$ IN 12	2E034
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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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Date