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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **H49988**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 01, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailin	g Address				-	ielei ieli eleli e	104) pio li 0401	01011 91911 1431
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DAVIE FL 33328		•	DAVIE FL 33328					RITE IN THIS	SPACE	
US	•	US					3. Date Incorporated or Qualife	d		
							04/02/1985 4. FEI Number			
─ , ·	lace of Business	—	⊢ •				1 " " ;	1 = F		opplied For lot Applicable
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.				59-2501229			Additional
22		\vdash					5. Certificate of Status Desired		•	Required
City & Stat			27 City & State				6. Election Campaign Financing	n	\$5.00	May Be
23 ·		<u> </u>	28				Trust Fund Contribution	" 🗆		to Fees
Zip	Country	Zir	p	Cou	ntry		8. This corporation owes the cu	rrent vear Int	angible	,,
24	25	29		30			Personal Property Tax.	,	Yes	DX40
	9. Name and Address of Current						10. Name and Address of New	Registered	Agent	
	· ·				81 1	Name				
	ITESINOS, LUCRECIA				82 3	Street Addre	ess (P.O. Box Number is Not Accep	otable)	·	
	SW 16TH ST				"	Od OO! / Ide!				
PLAI	NTATION FL 33317				83					
	•				84 (City			85 Zip	Code
	to the provisions of Sections 607.0502					•		FL	,	
agent. I a	rn familiar with, and accept the obligat	tions of, Se	ection 607.0505, Flori	ida Statu	ites	· · · · · · · · · · · · · · · · · · ·				}
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if app	olicable. (NOTE:	Registered	Agent si	ignature required	d when reinstating)	DATE		
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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.

SIGNATURE:

954) 475 2228