

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 03 1999 8:00 am  
Secretary of State

DOCUMENT # **H99899**  
1. Corporation Name  
**COTTO'S CUSTOM CARPENTRY, INC.**



Principal Place of Business Mailing Address  
**% RAYMOND L. COTTO**  
**22221 SW 103RD AVE**  
**MIAMI FL 33190**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

29

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3. Date Incorporated or Qualified

02/17/1986

4. FEI Number

59-2635086

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COTTO, RAYMOND L.  
22221 SW 103RD AVE  
MIAMI FL 33190

81 Name

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

900002952779--4

83

-08/06/99--01061--021

84 City

\*\*\*\*150.00 \*\*\*\*150.00

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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DPV  
COTTO, RAYMOND L.  
22221 SW 103RD AVE  
MIAMI FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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.

SIGNATURE:

Raymond L. Cotto

7/8/99 2323119

CR2E034 (5/99)

07/07/99

TO: FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS

FROM RAYMOND L. COTTO

RE: ANNUAL REPORT

PLEASE NOTE THIS IS MY  
FIRST NOTICE. AT THE  
TIME THE FIRST NOTICE  
WAS DUE I HAD TO  
TRAVEL TO NEW YORK AS  
MY SISTER DIED. ALSO,  
I WENT TO NEW YORK  
THREE WEEKS BEFORE SHE  
DIED WHEN SHE WAS IN THE  
HOSPITAL. CONSEQUENTLY, I  
WAS DISTRACTED FROM MY  
RESPONSIBILITIES.

Raymond L. Cotto