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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J59988

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90171 050 ***150.00

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% GUILLERMO		% GUILLERMO GARCIA					
3660 SW 109 AVE 3660 SW 109 AVE							
MIAMI FL 33165 MIAMI FL 33165						E IN THIS SPACE	
1					3. Date Incorporated or Qualifed		ì
					02/20/1987		1 5
	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26 Suite Ant # ata			65-0031259		Not Applicable Additional
	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Required
22 City & State		City & State	·		6 Floring Compains Financing		0 May Be
City & State	,	28			6. Election Campaign Financing Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country		This corporation owes the curre		10.000
24	25	29 30	¬ ·		Personal Property Tax.	∏ Yes	□No
[4]	9. Name and Address of Current		-1		10. Name and Address of New Ro		
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GUIL	LERMO, GARCIA				(2 0 D) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-1-1	
3660	SW 109TH AVE		82 S	treet Addre	ss (P.O. Box Number is Not Acceptate	ble) '	
Í MIAN	AI FL 33165		83				
			84 C	City		FL 85 Zi	p Code
							its registered
11 Purcuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statutes.	. the above-na	amed corpor	ration submits this statement for the p		
l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State	of Florida. Such change was autr	ionzed by the	amed corporation	eration submits this statement for the parties of directors. I hereby accept	t the appointment as	registered
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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 informatio 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-99

Daytime Phone #

R2E034 (11/98)