FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90156 040 ***150.00

☐ Change

☐ Addition

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT: CORPORATION ... ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCHMENT # 1/47

1. Corporation	NITOR SERVICE, INC.								
Principal Place of Business Mailing Address									# 11 # 1#11 (##1
10126 NW 128TH TERR. 10126 N		10126 NW 128TH TERR. HIALEAH GARDENS FL 33018	26 NW 128TH TERR.			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						01/05/1988			
Principal Place of Business 2a. Mailing Address						4. FEI Number		App	lied For
21 26						65-0004472			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					:	5. Certifcate of Status Desired	י ם '	88.75 A	
22	at the graph of	27						Fee Rec	`
City & State	City & State	y & State			6. Election Campaign Financing		\$5.00 it		
23	Zip Country Zip			try		Trust Fund Contribution	t voor Intona		rees
Zip				ıı y	,	This corporation owes the cur Personal Property Tax.			□No
24	9. Name and Address of Current		<u>1</u>			10. Name and Address of New		<u> </u>	
	3. Hallio and Address of Carrent	Acgistores Agent	8	B1 N	Name				·
MORELL, RONDULFO 10126 NW 128TH TERR			ε	32 5	Street Addre	ss (P.O. Box Number is Not Accept	table)		·
HIALEAH GARDENS FL 33018			-	83					
,			`			<u> </u>	i <u></u>		
					City		FL	35 Zip C	}
office or re agent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of mamiliar with, and accept the obligation of the control of t	f Florida. Such change was authons of, Section 607.0505, Florida	a Statut	by the es.	e corporation	rration submits this statement for the n's board of directors. I hereby acce when reinstating)	purpose of cha	ent as reg	registered listered
Signature, typed or prighted name of registered agent and title if applicable. (NOTE: Register 12. OFFICERS AND DIRECTORS					griatoro requirou	. ADDITIONS/CHANGES TO OF	FICERS AND I	DIRECTOR	RS IN 12
TITLE			1.1 TITLI	E] Change	☐ Addition
NAME	MORELL, RONULFO		1.2 NAME						
STREET ADDRESS	10126 NW 128 TERR.		1.3 STRI	EET AD	ODRESS				
CITY-ST-ZIP	HIALEAH GARDEN FL		1.4 CITY	/-ST-ZI	IP				
TITLE	<u> </u>		2.1 TIT⊔					Change	Addition
NAME	······································		2.2 NAM	Œ		•			
STREET ADDRESS			2.3 STR	EET AD	DORESS	•			
CITY-ST-ZIP			2.4 CIT	Y-ST-Z	ZIP .				
TITLE	DELETE 3.1		3.1 TITL	E] Change	☐ Addition
NAME			3.2 NAM	Æ					
STREET ADDRESS			3.3 STRI	EET AD	DRESS				
CiTY-ST-ZIP				Y-ST-Z	IP			3.01	
TITLE	` ,	☐ DELETE	4,1 TITL	E			L] Change	Addition
NAME			4. 2 NA	ME				•	
STREET ADDRESS			4.3 STR	EET AD	DORESS				
CITY-ST-ZIP			4,4 CITY		IP			7 Change	- Addition
TITLE	`	☐ DELETE	5.1 TITL				'] Change	☐ Addition
NAME			5.2 NAM		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
STREET ADDRESS			5.3 STR						
CITY-ST-ZIP			5.4 CITY	r-ŞT-ZI	IP ' '				

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 changes, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS