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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K81933

1. Corporation Name

FACUSEH ENTERPRISES, INC.

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90012 042 ***150.00

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	(D	Na-tine Address		<u></u> †	I MYNYS BIBNY ATOSY NIBY NIBY INDS
Principal Plac		Mailing Address			
1320 N.W. 163 MIAMI FL 3316		1320 N.W. 163 STREET MIAMI FL 33169			
WINDLIFT COLO		WILLIAM 12 00100		DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualifed	
				04/20/1989	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	o nw 72 Ave		72 AVE	65-0200881	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le.	City & State		= 6-Election Campaign Financing	\$5.00-May-Be-
23 MIA		28 MIAMI	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24 331	لك (25 USA عاما	29 33166	30 USA	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
FAC	:USEH, ELIAS JR.		81 Name E	LI FACUSEH JR	,
1	O N.W. 163 STREET			ress (P.O. Box Number is Not Acceptable)	
	MI FL 33169		83	760 NW 72 AVE	<u> </u>
IVILA	IN 1 E 00 100		55		•
			84 City	NIAMI F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
office or r	registered agent or both, in the State of am familiar with and accept the obligati	of Florida. Such change was aut	thorized by the corporation	ion's board of directors. I hereby accept the app	ointment as registered
		ions of Section 607 0505. Florid	da Statutes.	<i>1</i>	/
_	Daire A	ions or, Section 607.0005, Fibrio	da Statutes.	10 4/5	199
SIGNATURE	Daire A	ELIAS	da Statutes. <u>FA CUSEH J</u> Registered Agent signature require	TR 4/51	/99
_	The PRESID	end title if applicable. (NOTE: FD DIRECTORS	FA CUSENT J	TR 4/51	AND DIRECTORS IN 12
SIGNATURE	Signature typed or printed name of registered agent OFFICERS AND	ELIAS is and title if applicable. (NOTE: F	FA CUSEN J Registered Agent signature require	od when reinstating) 4/5	AND DIRECTORS IN 12 Change Addition
SIGNATURE	Signature typid or printed name of registered agent OFFICERS AND P FACUSEH, ELI JR.	end title if applicable. (NOTE: FD DIRECTORS	FA CUSENT J Registered Agent signature require	od when reinstating) 4/5	AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature typid or printed name of registered agent OFFICERS AND P FACUSEH, ELI JR.	end title if applicable. (NOTE: FD DIRECTORS	FA CUSEN J Registered Agent signature require 13. 1.1 TITLE	od when reinstating) 4/5	AND DIRECTORS IN 12 Change Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature typid or printed name of registered agent OFFICERS AND P FACUSEH, ELI JR. 1320 N.W. 163 STREET	end title if applicable. (NOTE: FD DIRECTORS	Registered Agent signature require 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	od when reinstating) 4/5	AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typid or printed name of registered agent OFFICERS AND P FACUSEH, ELI JR. 1320 N.W. 163 STREET	Land title if applicable. (NOTE: F	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	od when reinstating) 4/5	AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature typid or printed name of registered agent OFFICERS AND P FACUSEH, ELI JR. 1320 N.W. 163 STREET MIAMI FL 33169	Land title if applicable. (NOTE: F	A CUS EN J Registered Agent signature require 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	od when reinstating) 4/5	AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature typid or printed name of registered agent OFFICERS AND P FACUSEH, ELI JR. 1320 N.W. 163 STREET MIAMI FL 33169	ions of, Section 607.0505, Picting and title if applicable. (NOTE: F D DIRECTORS DELETE	A CUS EN J Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	od when reinstating) 4/5	AND DIRECTORS IN 12 Change Addition Change Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature typid or printed name of registered agent OFFICERS AND P FACUSEH, ELI JR. 1320 N.W. 163 STREET MIAMI FL 33169	Land title if applicable. (NOTE: F	A CUS H J Aggistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	od when reinstating) 4/5	AND DIRECTORS IN 12 Change Addition
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14. I hereby certify that the information sangled 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 order 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: _