PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L18925

CYLSA, CORP.

			ill
Principal Place of Business	Mailing Address	1,100	
5201 NW 64TH TERR FT. LAUDERDALE FL 33308 US	5201 NW 64TH TERR Lauderhill Fl 33308 US		
	•		3. Date Inc 09/27/
2. Principal Place of Business	2a. Mailing Address		4. FEI Nurr 65-026
Sulbs, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificat
_ City & State	City & State	· : / . ·	6. Election
23	28		Trust Fu
Zip Country	Zip	Country 30	8. This con Persona
9. Name and Address of C			10. Name a

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90038 033 ***150.00

Principal Place of Business	Mailing Address			(IBS (tittt fint libe) idrib idite reder anne arter fren.	
5201 NW 64TH TERR FT. LAUDERDALE FL 33308 US	5201 NW 64TH TERR Lauderhill Fl 33308 US			DO NOT WRITE IN THIS S	PACE
				3. Date Incorporated or Qualifed 09/27/1989	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
ส	26			65-0267852	Not Applicable
Sultia, Apt. #, etc.	Suke, Apt. #, etc.		-	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip 29	30	untry	This corporation owes the current year Intan Personal Property Tax.	rgible X Yes □No
9. Name and Address of Cui				10. Name and Address of New Registered A	aent
GUERINONI, CARLOS M.			81 Name 82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
5201 NW 64TH TERR					
LAUDERHILL FL 33319			83		
•			84 City	FL	85 Zip Code
 Pursuant to the provisions of Sections 607. office or registered agent, or both, in the Stagent. I am familiar with, and accept the ob 	ofe of Florida. Slich chronie was	auuvortzu	0 DV 1/18 CONSCRAN	exaction submits this statement for the purpose of chan's board of directors, it hereby accept the appoint	ஙாging its registered ment as registered
SIGNATURE					ì

SIGNATURE Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 11 TILE TITLE GUERINONI, CARLOS M. 1 2 NAME NAME 5201 NW 64TH TERR 1.3 STREET ADDRESS STREET ADDRESS LAUDERHILL FL 1.4 CITY-ST-ZP CITY-ST-JOP Change Addition DELETE 21 IIILE TITLE GUERINONI, BERTHA I. 22 NAME NAME 5201 NW 64TH TERR 2.3 STREET ADDRESS STREET ADDRESS LAUDERHILL FL 1 4 CITY-ST-ZP CITY-ST-77P Addition | Change DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRE 3.4. CITY-8T-ZIP CITY-ST-21P Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET AIXORESS 5.4 CITY-ST-ZIP C/TY-ST-20P Adcition Change 6.1 TITLE DELETE TITLE 82 NAME NAME 6.3 STREET ADDRESS STREET ANORESS BA CITY-ST-ZIP CITY-ST-27P

14. I hareby 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 ordit; that I am an officer or director of the corporation of 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 trustee empowered.

SIGNATURE:

REQUIRED

S. G.

BIGHATURE AND TYPED OF PE