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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90060 001 ***150.00

J. VASQUEZ & ASSOCIATES, INC.				
Principal Place of Business	Mailing Address) (32 ((3)) 33) ((3)) (

Principal Place 6254 WEST. UITE B ONGWOOD 3		Mailing Address 2625 WEST. S.R. 434 SUITE 8 LONGWOOD 32 32779 US			DO NOT WRITE IN THIS 3. Date incorporated or Qualified 09/29/1989	6 SPACE		
Dringing C	Place of Business	2a. Mailing Address			4. FEI Number	Ar	plied For	
262			۷. د	R 434	59-2971221		t Applicable	
Suite, Apt		Suite, Apt. #, etc.	<u>:</u>	-	5. Certifcate of Status Desired	\$8.75 / Fee Re		
City & Sta	vowood FC	City & State 28 Long wo	29.	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added		
Zip	Country	Zip	Cou	intry	This corporation owes the current year to	tangible		
32		29 32179	30	Cenno4	Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		
1/4.0	OUET IOOUT E			81 Name			· }	
351	SQUEZ, JOSUE F. 9 SALTLAKE CT. ANDO FL 32810				dress (P.O. Box Number is Not Acceptable)			
O112	3,100,1000.0			83			j	
				84 City	Fi	85 Zip	Code	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	TE ⁻ Registered	Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	DPS IN 12	íoc
<u> 2.</u>	OFFICERS AND	DELETE	13.	T	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	3
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

4-30-99