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

DOCUMENT # **L62658**

1. Corporation Name

LIANE ENTERPRISES CO.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90137 021 ***150.00



Principal Plac	e of Business	Mailing Address						
7300 WAYNE AVE. #513 MIAMI BEACH FL 33141		7300 WAYNE AVE. #513 MIAMI BEACH FL 3314f						
					DO NOT WRITE IN THIS SPACE			
	•					3 SPAUL		j
					3. Date incorporated or Qualifed			İ
					03/27/1990			
Principal P	lace of Business	2a. Mailing Address			4. FEI Number	⊢ ——	plied For	
21		26			65-0338950		ot Applicable	ľ
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	• -	Additional	
22		27				Fee Re	equirea	
City & State		City & State	 1		6. Election Campaign Financing	\$5.00	•	ı
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible			ĺ
24	25	29	30		Personal Property Tax. Yes No			
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	i Agent		1
				81 Name				İ
OLGA CORZO				82 Street Ad	Idress (P.O. Box Number is Not Acceptable)			ĺ
7300) WAYNE AVE. #513			Julieer Ac	MICSS (1.0. DOX MAINDON IS NOT MOSSIFICATION)	,		ŀ
MIAI	MI BEACH FL 33141			83				ĺ
	•			84 City	FI	85 Zip	Code	ĺ
11 Durawant	to the provisions of Sections 607 050	12 and 607 1508 Florida State	ites the a	hove-named co	progration submits this statement for the purpose of	f changing its	registered	1
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized	I by the corpora	ation's board of directors. I hereby accept the appo	ointment as re	gistered	ĺ
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fi	lorida Stati	ntes.				ĺ
SIGNATURE			 		uired when reinstating) DATE			اً
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	Agent signature redu	ulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	ã
TITLE	P	DELETE	1.1 TT	n F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	☐ Addition	41/08
	•		12 N	1		_ ,	_	1 -
NAME	CORZO, OLGA			•				100
STREET ADDRESS	l .		1	REET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33141	□ DELETE		TY-ST-ZIP		Change	Addition	<u>و</u>
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STREET ADDRESS						:		
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TITLE	-	☐ DELETE	6.1 TT			☐ Change	Addition	ĺ
NAME			6.2 N					
STREET ADDRESS	TX 254 (CT 25%)		6.3 ST	REET ADDRESS	•			Ì
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP				1

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.

SIGNATURE: