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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90030 040 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

CONAL ENTERPRISES, INC.

Principal Place	e of Rusiness		Mailing Ad	ddress							fillige diffin ditied		1841 6 1814 81	BU BIEN BIÐI TEÐI
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4135 SW 96TH MIAMI FL 3316			4135 SW 9	33165-2106										
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					•			3		ite incorporated or 6/08/1990	r Qualifed			
2. Principal P	lace of Business.		2a. Mailing	g Address				4	4. FE	I Number				Applied For
21	• •	1	26					1	65	5-0213850				Not Applicable
Suite, Apt.	#, etc.	1	Suite,	Apt. #, etc.									\$8.7	5 Additional
22		· I	27					. 5	5. Ce	rtifcate of Status I	Desired L			Required
City & Stat	le		City &	State				6	6. Ele	ection Campaign F	inancing _		\$5.0	0 May Be
23			28					1		ust Fund Contribut]		ed to Fees
Zip	Country		Zip		Co	untry	•	8	B. Thi	is corporation owe	s the current	vear Inta	angible	* *
24	25		29		30			. 7		rsonal Property Ta		, ,	Yes	⊠No
1	9. Name and Address of	of Current R	egistered A	Agent .				10		me and Address		istered /	Agent	
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RIVE	RO, CONCHITA				-					<u></u>				
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agent. I a	m familiar with, and accept the	he obligation	is of, Section	л 607.0505, FI	lorida Sta	tutes.	•					• •		
SIGNATURE														· · · · · · · · · · · · · · · · · · ·
														
40	Signature, typed or printed name of reg	· -			_		signature req	uired when				DATE	D DIDEO	TODG IN 40
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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 of supplemental angual 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:

CITY-ST-ZIP