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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State Katherine Harris

04-22-1999 90230 010 ***150.00

DOCUMENT #	M00197
1. Corporation Name	

NEO, INC.

HIALEAH FL 33013-2303

Principal Place of Business 4105 E. 4TH AVE.

Mailing Address

4105 E. 4TH AVE. HIALEAH FL 33013-2303

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DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/04/1984 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-2405342 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. ☐ Yes 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name NEO, JOSE 82 Street Address (P.O. Box Number is Not Acceptable) 621 E. 59TH ST. HIALEAH FL 33013 83 85 Zip Code 84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change 1.1 TITLE TITLE **NEO, JOSE MANUEL** 1.2 NAME NAME 621 E. 59TH ST. 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 41 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 61TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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:

RE REQUIRED

7F034 (11/98).