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 # M00840

NOSSA & PILONIETA, INC.

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Principal Place of Business			Ma	Mailing Address				- I 16838811 III 88111 88185 19111 81811 9811 	0191 1 81811 818 11 81811 8	
P.O. BOX 527848			P.(P.O. BOX 527848						
MIAMI FL 31527-7848 MIAMI FL 31527-7848								DO NOT WRITE IN	THIS SPACE	
	,							3. Date Incorporated or Qualifed		
								05/21/1984		
Principal Place of Business Za. Mailing A				Mailing Address	ailing Address			4. FEI Number	Ap	plied For
21				26				59-2513550	No	t Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5Certifcate of Status Desired	\$8.75	1
				City 9 State						quired
City & State			Ь	City & State				6. Election Campaign Financing Trust Fund Contribution	. \$5.00 Added t	
Zip Country			28	Zip Country				8. This corporation owes the current ye		01663
24	25		29	-		·		Personal Property Tax.	⊠Yes	□No
241	9. Name	and Address of		tered Agent	1991			10. Name and Address of New Registr	ered Agent	
		DIASA.	•		1	81 Nan	ıe			
PILONIEIA, CARMEN				82 Street Addr			et Addre	ss (P.O. Box Number is Not Acceptable)		
6885 NW 25 ST.					1					
BAY #5 MIAMI FL 33122					1	83				
MICI	WI I C 00 12				7	84 City			85 Zip (Code
41 Durawant	to the provi	sions of Sections 6	07 0502 and 6	07 1508 Florida Statu	toe the ah	O)(e-nam	ed corno	ration submits this statement for the purpo	se of changing its	registered
l office or n	egistered ac	cent, or both, in the	 State of Florid 	ta. Such change was a	authorized	by the co	rporation	n's board of directors. I hereby accept the	appointment as re	gistered
			100 00	0 1	Ada Class		-		• •	
_	m familiar w	vith, and accept the	e obligations of,	Section 607.0505, Flo	orida Statul	tes.				_
agent. I a		vith, and accept the	e obligations of,	, Section 607.0505, Flo	orida Statul	tes.		when reinstating) DA'	ΓE	 .
_	Signature, type	rith, and accept the	e obligations of,	, Section 607.0505, Fig if applicable. (NOTI CTORS	E: Registered A	tes. Agent signati		·	TE S AND DIRECTO	RS IN 12
SIGNATURE	Signature, types	of printed name of regist	e obligations of	, Section 607.0505, Flo	E: Registered A	tes. Igent signati		when reinstating) DA'	ΓE	 .
SIGNATURE 12. TITLE NAME	Signature, types D PILONIE	of printed name of regist OFFICE	e obligations of	, Section 607.0505, Fig if applicable. (NOTI CTORS	E: Registered A 13. 1.1 TITL 1.2 NAA	les. Igent signati E ME	re required	when reinstating) DA'	TE S AND DIRECTO	RS IN 12
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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 of 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 of changed, or on an attachment with an address, with all other like empowered.

5.4 CiTY-ST-ZiP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

1973

4.2

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

305-871-7082

Change

☐ Addition

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90267 047 ***150.00