## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # M40080



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90050 024 \*\*\*158.75

i, corporation				•				
T & C'S	RANCHOS OF KENDALL, II	NC.			* 1881 (001) 111 B1811 48111 88181 18111 4811 81811	Alden Didol Beldil G	1811 81811 1981	
Principal.Plac	e of Business	Mailing Address	_			AIBIA EKEKI BABIA EI	ICTI OLDIA EDDT	
8505 MILLS DRIVE M-100 C/O JUAN WONG JR.								
		1401 S.W. 126 PLACE						
		MIAMI FL 33184			DO NOT WRITE IN THIS	3 SPACE		7
		US .			3. Date Incorporated or Qualifed			
•					10/15/1986			ł
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2728631		plied For t Applicable	1:5	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A			
22		27		5. Certificate of Status Desired Fee Required				
City & State		City & State		. 6, Election Campaign Financing	\$5.00	May Be	1	
23		28		Trust Fund Contribution	Added to	o Fees		
Zip	Country	Zip	Coun	try	a, This corporation owes the current year In		_	
24	25		30		Personal Property Tax.		□No	-
	9. Name and Address of Curren				10. Name and Address of New Registered	Agent		┨
WOM	IC ILIAN ID	-5	ľ	Name				
WONG, JUAN JR 1401 S.W. 126TH PL.		· \\		32 Street Ad	ddress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33184		83		13		1124 Fran 4.27 %	*4 3163 C.M	┨
*****			- 1				2 2 2	
		·	84 City		FI	85 Zip C	òde "''''	-
44 Durguant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s the abo	ove-named co	rporation submits this statement for the purpose o	f changing its	registered	1
" office or i	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was at	ithorized	ov the corpora	ntion's board of directors. I hereby accept the appo	intment as reg	gistered	
-	im ramiliar with, and accept the obligat		ida Otatai		•			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered A	gent signature requ	ired when reinstating), DATE			] ;
12,	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			1
TITLE	PD	☐ DELETE	1.1 TITL	E	34.	☐ Change	Addition	
NAME	SOMOZA, JULIO		1.2 NAME		•		•	
STREET ADDRESS			1.3 STR	EET ADDRESS				
CITY-ST-ZIP	MIAMI FL		_	-ST-ZIP		☐ Change	☐ Addition	-{
TITLE	VD	☐ DELETE	2.1 TITL	j		☐ Cuande	∐ Addition	-
NAME	SOMOZA, CARLOS L		2.2 NAM		· ,			
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP	MIAMI FL	☐ DELETE	_	Y-ST-ZIP		Change	Addition	-
TITLE SO	ID AND ADDAHAM	₩ DELETE	3.1 TITL 3.2 NAM	<b>\</b>	•			1
NAME ?	QUANT, ABRAHAM		1	1				
STREET ADDRESS	, 2525 S.W. 109TH AVE.   MIAMI FL			EET ADDRESS				}
CITY-ST-ZIP	B	DELETE	4.1 TITL	Y-ST-ZIP	1 111 111 111	¢. ☐ Change :	€ Addition	1
TITLE	WONG,MARIA		4, 2 NA				_ `	
NAME STREET ADDRESS	to the same and th	: , ,		EET ADDRESS				Ì
	MIAMI FL 33184			-ST-ZIP				
CITY-ST-ZIP TITLE	S	☐ DELETE	5.1 TITL		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	1
NAME	WONG, JUAN JR	_	5.2 NAN		, , . * <del>* * * *</del> ;	•		
STREET ADDRESS	4404 O M 400 PH 40F		5.3 STR	EET ADDRESS	•			1.
CITY-ST-ZIP	MIAMI FL 33184	•	5.4 CITY	-ST-ZIP				]
TITLE	ONE CONTRACTOR OF THE CONTRACT	☐ DELETE	6.1 TITL	Ē		☐ Change	Addition	1
NAME	Mark to the View		6.2 NAA	E	• .			
CTDEET AROBECC	Balan F.		6.3 STR	EET ADDRESS				

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 occurate 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

229 7002