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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M50426 1. Corporation Name

Mar 04, 1999 8:00 am Secretary of State

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| Principal Place | e of Business | | ailing Address | | | + 10050714 (01 011(1 00141 01410 | ISBAN AISI AIAIL A | IERI BIĞIL ĞIBIŞ BI | B)(8(8(4 188) |
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| | | | | | | Date Incorporated or Qualifer | | OI ACE | |
| | | | | | | 04/16/1987 | _ | , | ł |
| 2 Principal Pl | lace of Business | 2a. | Mailing Address | | | 4. FEI Number | | App | olied For |
| 21 | lace of Dashiess | 26 | | | | 59-2819816 | | Not | Applicable |
| Suite, Apt. : | #, etc. | - 1291 | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | × | \$8.75 A | dditional |
| 22 City & City | | 27 | _ | | | 5. Certificate of Status Desired | | Fee Red | quired |
| City & State | е | | City & State | ~ | | 6. Election Campaign Financing | <u>, U</u> | \$5.00 | |
| 23 | | 28 | | | | Trust Fund Contribution | | Added to | Fees |
| Zip | Country | <u> </u> | Zip | Cour | itry | 8. This corporation owes the cu | rrent year Inf | | □No |
| 24 | 25 | 29 | A A A | 30 | | Personal Property Tax. 10. Name and Address of New | Registered | | <u> </u> |
| | 9. Name and Address of Co | urrent Regis | terea Agent | | 81 Name | 19. Harrie and Address of Nove | rtogioto:52 | | |
| SOLO | ORZANO PA, ADOLFO M. | | | ļ | | | | | |
| 99 SE 2ND ST | | | | | 82 Street Add | lress (P.O. Box Number is Not Accep | itable) | | |
| MAIM | MI FL 33131 | | | ļ | 83 | | | | |
| | | | | | | | | log l Zin C | `-d- |
| | | | | | 84 City | | FL | 85 Zip C | ,oue |
| SIGNATURE | | DIBRZL | Suo P.A -> | | W X | $:$ \sim | 2-16 | ・一ファ | |
| 12. | Signature, typed of printed name of registere OFFICER | ed agent and title S AND DIRE | if applicable. (NO | TE: Registored | gent signature offur | ed when Nostating) ADDITIONS/CHANGES TO C | FFICERS AN | | |
| | OFFICER DP | | if applicable. (NO | / | | | FFICERS AN | ND DIRECTO | RS IN 12 |
| 12. | OFFICER DP SOLORZANO, ADOLFO M | | if applicable. (NO | 43. | E | | FFICERS AN | | |
| 12. | OFFICER DP SOLORZANO, ADOLFO M 12200 SW 100 ST | | if applicable. (NO | 1.1 TIT 1.2 NA | E | | DATE | | |
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6.4 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 trusted 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 addresse with all other like empowered.

SIGNATURE: