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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # M51706



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90104 043 \*\*\*150.00

INDUSA INVESTMENTS, INC									4 (00)00F(1 (01 0)00) (100) (00) (00) 00)	ELELL EX	ELL BLBUL BU	ALL BUDIL BUDIL KEBU	
Principal Place of Business Mailing Address  100 S E 2ND STREET 100 S E 2ND STREET  17TH FLOOR 17TH FLOOR													
MIAMI FL 33131-1101									DO NOT WRITE IN  3. Date Incorporated or Qualifed	THIS	SPACE		7
03	-	,							05/07/1987				
2. Principal P	Place of Busine	ess		2a	. Mailing Address				4. FEI Number			Applied For	
21				26					65-0114588			Not Applicable	4
Suite, Apt. #, etc.				27	Suite, Apt. #, etc.				5: Certificate of Status Desired		* .	5 Additional Required	
City & Stat	te				City & State	_			6. Election Campaign Financing		\$5.0	May Be	
23				28					Trust Fund Contribution		Adde	ed to Fees	_}
Zip	_	Coun	try	L	Zip	_	intry		8. This corporation owes the current ye	ar Inta			
24	25			29		30			Personal Property Tax.		Yes	□No	4
	9. Name a	and Add	ress of Current	Regis	stered Agent		04	NI	10. Name and Address of New Regist	ered A	Agent		4
EDIE	TOWNER IN	им и					81	Name					
FRIEDHOFF, JOHN H. 100 S E 2ND ST							82	Street Addre	ddress (P.O. Box Number is Not Acceptable)				<b>_</b>
	LOOR						83						7
MIAN	MI FL 33131						84	City			85 Z	ip Code	-
							"	City		FL	65  2	p code	1
office or r	registered agei	nt, or bot	h, in the State of	Flori	507.1508, Florida Statut da. Such change was a f, Section 607.0505, Flo	authorized	i by i	the corporation	ration submits this statement for the purpo o's board of directors. I hereby accept the	se of c appoin	hanging tment as	its registered registered	
SIGNATURE									when reinstating) DA	<b></b>			
12.	Signature, typed o		ne of registered agent a OFFICERS AND			13.	Agen	t signature required	ADDITIONS/CHANGES TO OFFICER		DIREC	TOPS IN 12	-  á
TITLE	PD		0,1102.107.110	J., 12	DELETE	1.1 TI	TLE		ABBITIONOIGNINGEO TO OTT TOES	10 / 11 11	☐ Chang		7 3
NAME	PAZOS, JL	JAN D.				1.2 NA							
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	<del>+_</del>				☐ DELETE	1.4 CF	TY-ST				☐ Chang	e 🔲 Addition	7 6
STREET ADDRESS	SD SARMIENT	O, Mar			☐ DELETE	1.4 CF 2.1 TF 2.2 NA	TY-ST TLE NME				☐ Chang	ie 🗀 Additior	ָּהְ 
STREET ADDRESS CITY-ST-ZIP	SD SARMIENT	O, MAR ND ST	IA		☐ DELETE	1.4 CF 2.1 TF 2.2 NA	TY-ST TLE AME TREET	-ZIP ADDRESS	- v .		☐ Chang	ie 🗀 Additior	7
	SD SARMIENT 100 S E 21	O, MAR ND ST	IA		☐ DELETE	1.4 CF 2.1 TF 2.2 NA 2.3 ST	TY-ST TLE AME TREET	-ZIP ADDRESS	- ¥.	,	☐ Chang		
CITY-ST-ZIP	SD SARMIENT 100 S E 21	O, MAR ND ST	IA			1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF	TY-ST TLE AME TREET TY-ST TLE	-ZIP ADDRESS	<u>-</u> <u>-</u>		_ ·		
CITY-ST-ZIP	SD SARMIENT 100 S E 21	O, MAR ND ST	 IIA			1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA	TY-ST TLE AME TREET ITY-ST TLE	-ZIP ADDRESS	<u>-</u> <u>-</u>		_ ·		
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SARMIENT 100 S E 21	O, MAR ND ST	 IIA		☐ DELETE	2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NV	TY-ST TLE AME REET ITY-ST TLE REET ITY-ST TLE	ADDRESS T- ZIP  ADDRESS F- ZIP	· ·	• • •	_ Chang	e Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SD SARMIENT 100 S E 21 MIAMI FL 3	O, MAR ND ST	 IIA		☐ DELETE	1.4 CFT 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CFT 4.1 TII 4.2 NV 4.3 ST 4.4 CFT 5.1 TII 5.2 NA	TY-ST TLE AME TREET TILE AME TREET TILE AME TREET TY-ST TLE	ADDRESS T- ZIP  ADDRESS T- ZIP  ADDRESS T- ZIP  ADDRESS - ZIP	-		☐ Chang	e Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE PROPERTY ADDRESS CITY-ST-ZIP	SD SARMIENT 100 S E 21 MIAMI FL 3	O, MAR ND ST	 IIA		☐ DELETE	1.4 CFT 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CFT 4.1 TII 4.2 NV 4.3 ST 4.4 CFT 5.1 TII 5.2 NA 5.3 ST 5.4 CFT 5.4 CFT	TY-ST TLE  AME TREET TTY-ST TLE  AME TREET TTY-ST TLE  AME TY-ST TLE  AME TY-ST TLE  TY-ST TLE  TY-ST TTY-ST TTY-ST	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP  ADDRESS	- v.		☐ Chang	e Addition	
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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 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 attachtient with an address, with all other like empowered.

SIGNATURE:

24. Fielsono 1999 Daytimo Phone