PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # M75299

DOCUI	MENT # M75299						
1. Corporation	Name ITILE ELECTRONICS CORPO						
		<u> </u>					
Principal Place		Mailing Address				-	
C/O ANTONIO PITA C/O ANTONIO PITA 1343 W. 78TH TERR. 1343 W. 78TH TERR.							
1343 W. 78TH TERR. 1343 W. 78TH TERR. HIALEAH FL 33014					DO NOT WRITE	IN THIS SPACE	
	=				3. Date Incorporated or Qualifed		
,					04/05/1988		
Principal Place of Business     2a. Mailing Address				1 12		Applied For	
21 26			·-···		65-0296560		Not Applicable
Suite, Apt. #, etc.				5. Certifcate of Status Desired   \$8.75 Addition Fee Required		-	
22 City & State	· · · · · · · · · · · · · · · · · · ·	City & State		<u> </u>	a Startin Committee Starting		
City & State	e	City & State			Election Campaign Financing     Trust Fund Contribution		00 May Be ed to Fees
23 Zip !	Country Zip			ntry 8. This corporation owes the current year Intangible			
24	25	29 30	_ `		Personal Property Tax.	Yes	□No
	9. Name and Address of Current		<u>'</u> [		10. Name and Address of New Reg	gistered Agent	
i			81	Name			
	, ANTONIO		82	Street Addr	ress (P.O. Box Number is Not Acceptabl	le)	
1343 W. 78TH TERR.				511000,1001			
HIALEAH FL 33014			83				1
1.			84	City		85 Z	Zip Code
,						FL!	· .
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the above	e-named corp	oration submits this statement for the puon's board of directors. I hereby accept	urpose of changing	its registered registered
agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligat	tions of, Section 607.0505, Florida	Statutes		on a sound of directors. Thereby accept to	oppositioned to	
SIGNATURE		,					
	Signature, typed or printed name of registered agent			t signature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIREC	TORS IN 12
12.	PD OFFICERS AN	D DIRECTORS	13.	<del></del>	ADDITIONS/ONANGES TO OFFIC	CERS AND DIREC	
NAME .	PITA, ANTONIO	ے مدید ا	1.2 NAME				- – [
NAME STREET ADDRESS	1343 W 78TH TERR		1.3 STREET	ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33014		1.4 CITY-S				
TITLE	VSTD	☐ DELETE	2.1 TITLE			Chan	ge
NAME	PITA, ADELA	_	2.2 NAME				1
STREET ADDRESS	1343 W 78TH TERR.		2.3 STREET	ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33014	والمساحب على والمائد والمائدة المعيد	2:4 CITY-S	1			<u>.</u>
TITLE ;		☐ DELETE	3.1 TITLE			Chan	ge 🗌 Addition
NAME			3.2 NAME				ļ
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		*****	
TILE :		☐ DELETE	4,1 TITLE			☐ Chan	ige ☐ Addition
NAME			4. 2 NAME			•	•
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Chan	ige
NAME ,			5.2 NAME	ADDDCC			
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP			5.4 CITY-S' 6.1 TITLE	1-21		☐ Chan	ge Addition ;
TITLE ;		☐ DELETE	6.1 IIILE				90 El V0010011
NAME			6.3 STREET	ADDRESS			j
STREET ADDRESS			0.3 STREE	ADDITION !			i

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 employeed 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/99 (305)556-6281

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90068 013 \*\*\*150.00

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