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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 08, 1999 8:00 am Secretary of State 04-08-1999 90082 045 ****61.25

DOCUMENT #	N-04376
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^ •		L, INC.								
Principal Plac	ce of Business	Mailing Address								
4501 Monroe Street 4501 Monroe Hollywood, F1.33021 Hollywood,						3. Date Incorporated or Qualified				
	,		•			4. FEI Number 59-2429404		-	Applied For Not Applicable	
O Driverie al F	Plane of Propinson	2a. Mailing Address								
2. Principal Place of Business 2a. Mailing Address 21 P.O. BO			1786			5. Certificate of Status Desired	of Status Desired Status Desired See Required			
Suité, Apt. #, etc. Suite, Apt. #, etc.					<u> </u>	6. Election Campaign Financing \$5.00 May Be				
22 7		27 City & State ₹ 500 ==				Trust Fund Contribution			to Fees	
City & Stat	ite	· ·		· · · · ·	7. 24_ 27	7.7 s this nonprofit corporation a hol	Tes		DITE	
23 Zip	Country	Zip HOLLYWOOD	FL Cou	untry	33022_	8. This corporation owes or has pai	id the curre	ent year Ir	ntangible	
24	25	29	30			Personal Property Tax due June	***		□ No	
	9. Name and Address of Curren	t Registered Agent	·			10. Name and Address of New Reg	gistered A	gent		
				81	Name					
	Oscar Proni	- wook		82	Street Addre	ss (P.O. Box Number is Not Acceptabl	le)			
	4501 Monroe St			83						
	Hollywood, Fl.	. 33021	-	Ш				T		
				84	City		FL	85 Zip	o Code	
office or i	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was	autnorize	ia by	the corporation	oration submits this statement for the pain's board of directors. I hereby accept	urpose of o t the appoi	changing ntment as	its registered s registered	
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NO	TE: Registere	ed Ager	nt signature require	d when reinstaling)	DATÉ			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	P FACHIN, MARIA	DELETE	1.1 🗓	TTLE			L	Change	Addition	
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			1	TREET						
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officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Meur Carla Maria Fachi SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria Fachin

(954) 922-8385