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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50136

1. Corporation Name

EGTSEMANI CORPORATION

Principal Place of Business

6225 JOHNSON STREET
HOLLYWOOD FL 33024
US

Mailing Address

6225 JOHNSON STREET
HOLLYWOOD FL 33024
US



2. Principal Place of Business

21 **6225 Johnson Street**

Suite, Apt. #, etc.

22

City & State

23 **Hollywood, Florida**

Zip

24 **33024**

Country

25 **U.S.**

2a. Mailing Address

26 **6225 Johnson Street**

Suite, Apt. #, etc.

27

City & State

28 **Hollywood, Florida**

Zip

29 **33024**

Country

30 **U.S.**

3. Date Incorporated or Qualified

-07/29/1992-

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**BARRETO, JUAN J
4679 SW 19TH ST.
FT. LAUDERDALE FL 33317**

10. Name and Address of New Registered Agent

81 Name

BARRETO, JUAN J.

82 Street Address (P.O. Box Number is Not Acceptable)

4679 SW 19th St.

83

84 City

Ft. Lauderdale,

FL

85 Zip Code

33317

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Juan J Barreto*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
BARRETO, JUAN J**
STREET ADDRESS **4679 SW 19TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33317**

TITLE ☐ DELETE

NAME **SD
ROSARIO, EMMA**
STREET ADDRESS **553 NW 93 RD. ST.**
CITY-ST-ZIP **MIAMI FL 33150**

TITLE ☐ DELETE

NAME **TD
CANDELARIS, ZORSIDA**
STREET ADDRESS **4800 SW 15 ST**
CITY-ST-ZIP **FT. LAUDERDALE FL 33317**

TITLE ☐ DELETE

NAME **TD
TOLEDO, JOSE**
STREET ADDRESS **6380 SW SHERMAN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 617, 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: *Juan J Barreto* **RED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Jan-09-1999** Daytime Phone #

CR2E037 (11/98)