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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90068 042 ***150.00

DOCUMENT # P9200005186

1. Corporation Name

MICHAEL LEGUAY DUOTOGRADHY INC

عدادات	LE LEGIAT FITOTOGRAFIT	1, INO.	-		<u>-</u>				
Principal Plac	ce of Business	Maili	ing Address				* 10011001 170 1701 0701 1701 1701 1701	00)() 70 1) [0	hiddi idild dili H
1915 BRICKEL	L AVE	9572 MIAMI	SW 57TH ST II FL 33173				DO NOT MUTTE IN	THE COACE	
MIAMI FL 33129 US							DO NOT WRITE IN 3. Date Incorporated or Qualifed	HIS SPACE	
00							11/17/1992		
2 Principal F	Place of Business	2a N	Mailing Address				4 FEI Number		Applied For
21		26	J				65-0369717	<u> </u>	Not Applicat
Suite, Apt	#, etc.		Suite, Apt. #, etc.					\$8.7	75 Additional
22 [-]	1110	27					5. Certificate of Status Desired	Fe	e Required
City & Sta	ite		City & State				6. Election Campaign Financing	\$ 5.	00 May Be
23		28					Trust Fund Contribution	Add	ded to Fees
Zip	Country	⊢–	lip	Cour	ntry		8. This corporation owes the current year		
24	[25]	29		30	r		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ant Register	rea Agent		81	Name	10. Name and Address of New Registr	rea Agent	
GAL	LO, CARMEN M			1		T VOLUME			
	2 SW 57TH ST			ſ	82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	MI FL 33173		•	Ì	83				
		•							
					84	City	· · · · · · · · · · · · · · · · · · ·	FL 85	Zip Code
44 Pursuant	t to the provisions of Sections 607.05	502 and 607	1508 Florida Statut	es the at	hove	e-named co	rporation submits this statement for the purpor		a its registere
 office or 	registered agent, or both, in the State	te of Florida.	. Such change was a	uthorized	l by !	the corpora	tion's board of directors. I hereby accept the a	ppointment a	s registered
-	am familiar with, and accept the oblig	gations of, Si	ection 607,0505, Fioi	rida Statu	nes.				
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if ar	policable. (NOTE	Registered	Agent	t signature requ	ired when reinstating) DAT	E	
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRE	CTORS IN 12
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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 changes in the receiver of the corporation of the corporat

SIGNATURE: