## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000010301

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	•			
Principal Place	of Business	Mailing Address	<del>-</del>	
1430 SW 88 AVE	=	1430 SW 88 AVE		
PEMBROKE PINES FL 33302 PEMBROKE PINES FL 33302		FL 33302		
	,			DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
	. ,			12/07/1992
2. Principal Pla	ace of Business	2a. Mailing Addres	5	4. FEI Number Applied For
21		26		65-0489992 Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, e	tc.	5. Certificate of Status Desired  \$8.75 Additional
22		27	<u> </u>	- Fee.Required
City & State	1	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	· Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29	30	Personal Property Tax.
24	9. Name and Address of Curren			10. Name and Address of New Registered Agent
			81 Name	Daniel Russe
-CHO/	<del>N'DHURY, TAUFIQUE</del> I		82 Street	RAMNARINE BHIRO Address (P.O. Box Number is Not Acceptable)
1 <del>08 €</del>	<del>S GRIFFIN RD</del>		, oz Street	1430 SW 88 AVE
<del>FT U</del>	<del>VUDERDALE-FL-</del>		83	7-130-2
1	·			85 Zip Code
			84 City	PEMBROKE PINES FL 85 ZIP Code 32302
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida	Statutes the shove-named	corporation submits this statement for the ourpose of changing its registered
11. Pursuant to office or re	o the provisions of Sections 607.050; egistered agent, or both, in the State of familiar with, and accept the obliga-	2 and 607.1508, Florida of Florida. Such change tions of, Section 607.05	Statutes the shove-named	corporation submits this statement for the ourpose of changing its registered
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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 suppliemental 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 of rustee 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 attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRÉSS PRODUCTION CONTRACTOR CONTRAC

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

3/30/99

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90093 030 \*\*\*150.00

Change

☐ Addition