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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secreta y of State DIVISION OF CORPORATIONS

DOCUMENT # P93000013613 1. Corporat on Name

ESTRA CORPORATION

Mailing Address

Principal Place of Business 801 SNOWDEN DR LAKE WORTH FL 33461

801 SNOWDEN DR. LAKE WORTH FL 33461 Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90214 093 \*\*\*\*\*8.75

04-27-1999 90214 094 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 02/23/1993 2a. Mailing Address 4. FEI Number App ied For 2. Principal Place of Business Not Applicable NOT APPLICABLE SOI SNOWDER OR. 801 SNOWDENDR. \$8,75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Recuired 22 27 City & State \$5.00 May Be City & Sate 6. Electio 1 Campaign Financing LAKEWORNS FLA 23 LAKEWORTH FLA 3 3461 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes the current year intangible Peasor al Property Tax. 29 33461 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SILVIOJ. ESTRADA ESTRADA, SILVIO J 82 Street Address (P.O. Box Number is Not Acceptable) 801 SNOWDEN DR. LAKE WORTH FL 33461 83 801 SNO WORK DR. 84 CAKEWORTH 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SILVIOJ. ESTRADA me of registered agen and title if applicable (NO1 E: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change DELETE 11 TITLE TITLE ESTRADA, SILVIO J 1.2 NAME NAME 514.S.FEDERAL-HIGHWAY 1.3 STREET ADDRESS STREET ADDRESS LAKE-WORTH FL-33460 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDR :SS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 3 1 TITLE Change 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4 1 TITLE TILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 6.1 TITLE TITI F 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDI ESS 6.4 CITY-ST-ZIP 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 signs ture 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 changed, or on an attachment with an address, with all other like empowered. AMIL

SIGNATURE:

26/21/5/842

CR2E034 (11/98)