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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLOHIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000055910 (2)

BALITA NATIN, INC.

FILED Apr 22 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				BRIGH BUORY BRIDE KRIND HERDE BREEL IN SE
16409 ASHWOOD DRIVE 16409 ASHM TAMPA FL 33824-1152 TAMPA FL 3			WOOD DRIVE 33624-1152		DO NOT WRITE II	N THIS SPACE
					3. Date Incorporated or Qualified	
					08/06/1993	
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	# 010	Suite, Apt #, etc.			59-3199631	Not Applicable
22	#, G (C.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	·		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Z ip	Country	Zip	Zip Country		8. This corporation owes or has paid the current year Intangible	
24	25 29 30		30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regi	stered Agent
RUI	ELO, ROB ERTO R		1	81 Name		
16409 ASHWOOD DRIVE			Ì	82 Street Add	ress (P.O. Box Number is Not Acceptable	*)
TAN	MPA FL 33624					
	1 			83		ļ
			Ì	84 City		85 Zip Code
44 Pursuant	to the provisions of Sections 607.060	2 and 607 1608. Litarida Statu	der the ab	ove paged cor	poration submits this statement for the pu	FL Trace of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	authorized	by the corpora	tion's board of directors. I hereby accept	the appointment as registered
SIGNATURE		· · · · · ·				
	Signature: typed or printed minim of registered again OFFICERS AND			Agent signature requi	ired wher roinstating)	DATE DIDECTORS IN 10
12.	D OFFICE NO ANI	DELETE	13. 1.1 1		ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	FELIX, ANDRES A	C pettie	1.2 NA			
STREET ADDRESS	3029 OAK COVE DRIVE			REET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34819			Y-S1-ZIP		
TITLE	D	DELETE 21TI				Change Addition
NAME	BARLAAN, ARTHUR S		22 NA	ME		
STREET ADDRESS	3506 COUNTRY CREEK LANE		2.3 ST	REFT ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		2. 4 C	TY-ST-ZIP		
TITLE	DELETE DELETE		3.1 111	LE.		Change Addition
NAME	OL AYTA, PONCIANO JR		3.2 NA	ME		
STREET ADDRESS	21 PINEWOOD AVE		3.3 STA	REET ADDRESS		
CITY-ST-ZIP			3.4 CI	1Y-S7-7IP		
TITLE	D	☐ DELETE	4.1 Til	LE		Change Addition
NAME	AQUINO, REYNATO S		4. 2 NA	ME		
STREET ADDRESS	2141 WATER OAK DR N		4.3 STI	REET ADDRESS		
CITY-ST-ZIP	CLEARWTER FL 34624			Y-ST-ZIP		
TITLE	D	DELETE	5.1 T/T			Change Addition
NAME	BAUTISTA, LUCITA F		5 2 NA	1		
STREET ADDRESS	9720 94TH ST N		5.3 \$10	HEET ADDRESS		
CITY-SY-ZIP	SEMINOLE FL 34647	en e		Y - S1 - ZIP		
TITLE	D	☐ DELET E	6.1 311			Change Addition
NAME	VILLAGOMEZA, LIWLIWA		6.2 NA	1		
STREET ADDRESS	1119 DOCKSIDE DR		6.3 ST6	REET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		6.4 CIT	Y - S1 - ZIP		

14. Thereby 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 logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an adactiment which address