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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P93000062636**

INFOTRO	ON SYSTEM CORP.									
Principal Place	e of Business	Mailing Address								
8475 N.W. 29 STREET		- 8475 NW 29TH ST								
MIAMI FL 33122 US		MIAMI FL 33122 Us			DO NOT WRITE IN THIS SPACE					
uð		00					Date Incorporated or Qualifed			
							09/08/1993	. 351 - 34		. =
2. Principal P	Place of Business	2a. Mailing Address					FEI Number			pplied For
21		26	<del></del>			-	65-0436967	·		lot Applicable Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certifcate of Status Desired			Required
City & State		27				+-	Election Campaign Financing			May Be
23		28				0.	Trust Fund Contribution			to Fees
Zip	Country	Zip	Со	ountry		8.	This corporation owes the cur	rent year Inte	ingible	
24	25	29	30			-	Personal Property Tax.		Yes	<b>Ø</b> No
	9. Name and Address of Curr					10.	Name and Address of New	Registered /	Agent	
				81	Name					
	RU, RUBEN			82	Street Addre	ess (P	.O. Box Number is Not Accept	able)		
	5 N.W. 29 STREET			LL			<u> </u>			
MIA	MI FL 33122			83						
				84	City			FL	85 Zip	Code
	to the provisions of Sections 607.0	500 and 607 1500 Florida St	atutos the	abovo i	named corno	oration	submits this statement for the	nurnose of	changing it	ts registered
	to the provisions of Sections our o	JUZ AND OUT TOUGHT TOTIGE OF		450.0.	LICITION TO STATE	- 20-91	Tid of disasters I bearing many	nt the appoin	tment as a	ediatered -
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change wa	is autnorize	ea ov in	ne corporation	nsbo	pard of directors. Thereby acce	pt ale appea		09.0.0.
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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 chapted, or of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

305.597-0132