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PROFIJ CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000064099

STREET ADDRESS

CARIOCA APTS., INC.

•	
Principal Place of Business	Mailing Address
817 N.E. 18TH AVENUE APT. #1	817 N.E. 18TH AVENUE APT. #1
FT. LAUDERDALE FL 33304	FT. LAUDERDALE FL 3330

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90021 004 ***150.00



Principal Place	e of Business	Mailing Address				1 19211221 718 18182 71111		(10 Bill) 61611 anı	12 12112 1211 1221
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APT. #1	, , , <u> </u>	APT. #1							
FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304				T WRITE IN TH	IIS SPACE				
						3. Date Incorporated or Qu 09/10/1993	ualifed		
2. Principal P	lace of Business	2a. Mailing Address	3			4, FEI Number		Α	pplied For
21		26				65-0461537		١	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.			5. Certifcate of Status Des	ired 🗌		Additional
22		27				3. Communic of Guida Da		Fee F	Required
City & Stat	e	City & State				6. Election Campaign Fina	ncing		May Be
23	<u></u>	28				Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip	Co	untry		 This corporation owes t 	he current year		_
24	25	29	30			Personal Property Tax.		☐ Yes	Mo
	9. Name and Address of Curre	nt Registered Agent		<u> </u>		10. Name and Address of	New Registere	ed Agent	
		1. M. M. J. J.		81	Name				
	IAN, L.M			82	Street Addr	ress (P.O. Box Number is Not /	Acceptable)		
	NE 18 AVE			-	Oli doli Addi	1000 (1.0. DOX 11211100 10. 1) 0001	War start And SH	عرب	a mar a partia a
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				84	City .		·F	85 Zip	Code
agent. la	registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change ations of, Section 607.050	was authorize)5, Florida Sta	ed by tr stutes.	ne corporation	on's board of directors. I hereb	y accept the app	oomment as r	egistered
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable.	(NOTE: Registere		signature require	ed when reinstating)	DATE		
	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registere	ed Agent s	signature require	ad when reinstating) ADDITIONS/CHANGES		AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE			13	ed Agent s	signature require			AND DIRECT	
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6.4 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 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 changed, or on an attachment with an address, with all other like empowered.