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PROFIT CORPORATION ANNUAL REPORT

1999

1. · Corporation Name



DOCUMENT # P9400003906

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90097 030 ***150.00

«PLOATLII	NE, INC.									
Principal P ace	e of Business	Mailing Address					141 48 111 40 1	11 98144	11110 1011	, 241;0 5111 1001
2270 N.W. 87 T	ERRACE	P.O. BOX 840509								
#216		#216				DO NOT WE	TE IN TL	10 GD/	CE	
PEMBROKE PINES FL 33024		PEMBROKE PINES FL 33084 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
US		US								ļ
5 5: : : 5:	18	a- Mailing Addross				01/18/1994 4. FEI Number			Ι Δ	pplied For
·	ace of Business	2a. Mailing Address				65-0471792			\rightarrow	of Applicable
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Suite, Apt. #, etc.		 				5. Certifcate of Status Desired		4		Required
City & State		City & State				6. Election Campaign Financing			\$5 AA	May Be
City & State		├ ─ ┐ ′			Trust Fund Contribution		•		to Fees	
Zip	Country	Zip	Cour	ntrv		8. This corporation owes the curr	ent vear	 Intangi		
	25	29	30			Personal Property Tax.	on your		Yes	□No
24	9. Name and Address of Curren		1301			10. Name and Address of New	Register			
	C. Halito alla Pacifico di Galler			81 1	Name					
MOR	RENO, JOSE			-		(0.0.0)	abio)			
2270 N.W. 87 TERRACE			J	82	street Addr	ress (P.O. Box Number is Not Accept	ane)			j
#216	3		}	83						
	BROKE PINES FL 33024		Ĺ							
				84 (City		F	1 B	5 Zip	Code
44 5	4- 41	thand 607 1608 Florida State	ites the ab	30V9-D	amed carn	poration submits this statement for the	nurpose	of cha	naina it	s registered
agent I a	m familiar with, and accept the oblina	tions of Section 607.0505. F	orida Statu	ites.	e corporation	on's board of directors. I hereby acce				
agent. I a	m familiar with, and accept the obligation of th	t and title if applicable. (NO	E: Registered	ites.		d when reinstaling	DATE			
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I here by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.(7(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 of 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 or an absorbinent with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNA