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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

Mar 14, 1999 8:00 am Secretary of State **Katherine Harris**

03-14-1999 90028 031 ***150.00

1. Corporation	MENT # P94000 RRIERS, INC.	004357								
Principal Place	of Rusiness	Mailing Address				-	#ill Balli Bibb		ADA 1881 1881	
•		2625 N ANDREWS AVE								
5381 SW 34 ST FT LAUDERDAL		108								
US		FT LAUDERDALE FL 33311				DO NOT WRITE IN T	HIS SPACE	<u>: </u>		
		US				3. Date Incorporated or Qualifed 01/19/1994				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	L	Appl	lied For	
21		26				<u>65-0459944</u>			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•		dditional	
22		27						e Req		
City & State	e	City & State				6. Election Campaign Financing		.00 M		
23		28			<i></i>	Trust Fund Contribution		ided to	Fees	-
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year			ا ا	
24	25	29 30	<u> </u>			Personal Property Tax.	☐ Yes	·	□No	
	9. Name and Address of Currer	nt Registered Agent	-	81 Na	me	10. Name and Address of New Register	eu Agein			
FOR'	TIN, PIERRE			"	1110					
2625 N ANDREWS AVE				82 St	eet Addre	ess (P.O. Box Number is Not Acceptable)			Ì	
108	, 14 /410/112110 /112		-	83			<u>-</u>			
	AUDERDALE FL 33311		- 1	83						
	NODEKDALE I E GOGII			84 Ci			EL 85	Zip Co	ode	
						pration submits this statement for the purpose		og ite r	ngistored	
office or re agent. I a	egistered agent or both, in the State m familiar vith, and accept the obliga	of Florida. Such change was auth itions of, Section 607.0505, Florida	orized a Statu	by the otes.	corporation	n's board of directors. Thereby accept the ap	pointment	as regi	isiciou	
SIGNATURE	Signature, typed or printed name of registered age		gistered a	Agent sign	ature required	i when reassaury)	<u> </u>			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS				
TITLE	D	☐ DELETE	1.1 TIT	LE			☐ Ch	ange	☐ Addition	
NAME	FORTIN, PIERRE		1.2 NA	ME						3
STREET ADDRESS	5381 SW 34 STREET		1.3 ST	REET ADDI	RESS					j
CITY-ST-ZIP	FT LAUDERDALE FL 1.40				1					ì
TITLE	☐ DELETE 2.11			Y-ST-ZIP		,				
NAME		☐ DELETE	1.4 CIT 2.1 TITI		_		Ch	 ange	Addition	
STREET ADDRESS		☐ DELETE		LE			Ch	ange	Addition	
21KEE ADDRESS		☐ DELETE	2.1 TITI 2.2 NA	LE	RESS	· .	Ch	ange	Addition	'
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		☐ DELETE	2.1 TITI 2.2 NA 2.3 STI	LE ME REET ADDI TY-ST-ZIP			□ Ch	•	Addition	
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CITY-ST-ZIP TITLE			2.1 TITI 2.2 NAI 2.3 STI 2.4 CI 3.1 TIT 3.2 NAI	LE ME REET ADDI TY-ST-ZIP LE				•		
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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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR