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PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

OCUMENT # P940001115/

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90086 016 ***158.75

1. Corporatio	MENI# P1900 on Name Florida Clift	fhanger Service	es, Inc.			Į
Principal Plac	ce of Business	Mailing Address				
·	N.W. 74th Avenue	Sai	me			
	Florida 33166					
					TE IN THIS SPACE	
				3. Date Incorporated or Qualifed 02/10/94		
2. Principal F	Place of Business	2a. Mailing Address	*	4. FEI Number	ΙΔn	plied For
21	AGO OF BUDINGS	26		65-0462673		t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			\$8.75 /	
22		27		5. Certifcate of Status Desired	EX Fee Re	quired
- City & Stat	<u>te-11-, 1311 </u>	City & State		= - 6. Election Campaign Financing		May Be
23	·	28		Trust Fund Contribution	Added t	o Fees
Zip 24	Country 25	Zip 39	Country 0	This corporation owes the curre Personal Property Tax.		X ∃No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	Registered Agent	
	•		81 Name	ROBERTO CALDE	RIN	
			82 Street Add	dress (P.O. Box Number is Not Accepta	able) .	
			83	- , <u>- , - , - , - , - , - , - , - , - ,</u>		
	,		84 City		FL 85 Zip C	Code 166
11. Pursuant	to the provisions of Sections 607,0802	and 682 1508. Florida Statutes.	the above-named cor	poration submits this statement for the		registered
office or r	registered agent, or both, in the state	Such change was auth	norized by the corporal	poration submits this statement for the tion's board of directors. I hereby accept	ot the appointment as reg	gistered
ļ	im lamillar son, and accept the district	003 01, 0000, 1101ld	a Otalules.	~	3/2 /20	I
	* / 2/1/// 2/2/		ROBERTO	CALDENN	3/12/99	
SIGNATURE	Signature, typed or printed hame of registered agent	and file applicable. (NOTE: Re	ROBECTO egistered Agent signature requi	red when reinstating)	DATE	\ _
12.	Signature, typed or printed harne of registered agent	and the applicable. (NOTE: Re	egistered Agent signature requi	CALDENIN	DATE FICERS AND DIRECTO	\ _
12.	Signature, typed or printer/hame of registered agen- OFFICERS AM President	and file applicable. (NOTE: Re	egistered Agent signature requi 13.	red when reinstating)	DATE	\ _
12. TITLE NAME	Signature, typed or printer name of registered agen- OFFICERS AM President Roberto Calderin	divide applicable. (NOTE: Respectively)	egistered Agent signature requi 13. 1.1 TITLE 1.2 NAME	red when reinstating)	DATE FICERS AND DIRECTO	\ _
12. TITLE NAME STREET ADORESS	OFFICERS AND President Roberto Calderin 5561 N.W. 74th Av	of policable. (NOTE: Replicable) OELETE	agistered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating)	DATE FICERS AND DIRECTO	\ _
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Roberto Calderin 5561 N.W. 74th Av Miami, Florida 3	POPULATION (NOTE: RESTRICTIONS) DELETE	ogistered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating)	BATE / FICERS AND DIRECTO	RS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	President Roberto Calderin 5561 N.W. 74th Av Miami, Florida 3	venue	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating)	DATE FICERS AND DIRECTO	\ _
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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 supplied annual report jertice 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 consention or the reserver or trusted impowered 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 attackment with an adjusted with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR

3-22-99 (305) 887-070