FILE NOW; FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	tel Corporatio			02-10-1999					
	of or told in the	CAPE TECHNOLOGY SEF							
2	(rd. 1)	ce of Business FLAMINGO ROAD 10	ŭ	Mailing Address 2670 SOUTH FLAMINGO ROAD DAVIE FL 33330					
				3. Date Incorporated or Qua 02/18/1994					
21	<u></u> ₹''	Place of Business	4. FEI Number 65-0470221						
22	Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.			5. Certifcate of Status Desir		
23	City & Star	te	City & State				Election Campaign Finan Trust Fund Contribution		
24	Zip	Country . 25	Zip	Co	untry		This corporation owes the Personal Property Tax.		
	[9. Name and Address of Cur		10. Name and Address of N					
	PAR	DO, RENEE		·.					
. n) south flamingo RD. Ie Fl 33330	·.				ess (P.O. Box Number is Not Ac		
1					83	-			
	Pureuant	to the provisions of Sections 607.	0502 and 607 1509 Florida	Statutas the	84	City			
100	omice or r	egistered agent, or both, in the St im familiar with, and accept the ob Signature, typed or printed name of registered	ate of Florida. Such change ligations of, Section 607.050	was authorize	d by t	-named corp the corporation	oration submits this statement to on's board of directors. I hereby a		
1		1 when reinstating)							
	4 .1		AND DIRECTORS				ADDITIONS/CHANGES TO		
- 1	ΠLE I	D DENE	☐ DELE	TE 1.1 T	ITLE		10.7 (· · · · · · · · · · · · · · · · · ·		
N.	AME	PARDO, RENEE		1.2 NAME			,		
ST	TREET ADDRESS	2670 South Flamingo RD	1.3 S	TREET	ADDRESS				

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90006 035 ***158.75

									DO NOT WRITE IN THIS SPACE						
i										Date Incorpo 02/18/199	rated or Qual		1		
2.	Principal F	Place of Busine	ess	2a. 1	Mailing Address				1	El Number	,	, ,		Applied For	
21				26					6	35-047022	21			Not Applicable	
	Suite, Apt.	. #, etc.	-	- 5	Suite, Apt. #, etc.							. ٧		Additional	
22				. 27					5.	Sertificate of	Status Desire	ed 💢 .		Required	
	City & State City			City & State	ity & State			6 5	lection Cam	paign Financ	ring -	\$5.0	O May Be		
23]			28						rust Fund C		"" ⁹ 🔲		о мау ве d to Fees	
	Zip		Country		ip	Cou	ntrv				ion owes the			0 10 1 003	
24	'	. [2	25	29		30	•			Personal Pro		current year	mangible ☐ Yes	∭No	
_			and Address of Curr		red Agent	JOD	Γ-				ddress of No	ew Rogistor		. AI110	
							81	Name	10. 1	-a		on tredicter	au Agent		
٠.	PAR	do, renee													
r.r	2670	SOUTH FL	amingo RD.	٠.			82	Street Addre	ress (P.C). Box Numb	er is Not Acc	eptable)			
31		E FL 33330					_			.1 .1.	3 30-16-2		2 1 4 1 2 1 2 7 1 2	. 15 (4) 14 (4) 15 (4) 14 (1)	
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il.							84	City		1. 2.3.1	· · · · · · · · · · · · · · · · · · ·	SCORE STEE	. 85 Zir	Code	
- 1												· · · F			
	Pursuant	to the provision	ns of Sections 607.05	502 and 607	1508, Florida Statu	ites, the al	oove	-named corpo	oration s	ubmits this:	statement for	the purpose	of changing i	ts registered	
ů	13 0 00 0	cgiolei ca agoi	nt, or both, in the Stat , and accept the oblig	e oi i loilua.	Jucii Change was	auurionzeu	UVI	ше сопостипо	on's boar	d of director	s. I hereby a	ccept the app	pointment as	registered	
THE	GNATURE		,	, , ,					-				[
	GIVATORE	Signature, typed or	printed name of registered as	gent and title if ap	oplicable. (NOT	E: Registered	Agent	t signature required	d when reins	stating		DATE	 		
12			OFFICERS A	ND DIRECT		13.					· · · · · · · · · · · · · · · · · · ·		AND DIRECT	ORS IN 12	
ΤΠ	LE	D			☐ DELETE	1.1 TIT	LΕ			13年(4)。		002.110 .	[] Change		
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NAM		ALONSO, [NET IA D			2.1 TTT		}					☐ Change	Addition	
7			'H FLAMINGO RD.			2.2 NA				,					
i	REET ADDRESS					2.3 STF	REET	ADDRESS							
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CITY	-ST-ZIP			,		64 C/TY	/-ST-:	71P						1	

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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1-19-49

954-423-2301