Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90198 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000025565

1. Corporation Name

COL CHIME CODDODATION

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Principal Plac	e of Business	Ma	ailing Address			- 1000((801.1)01)	DITE BEBET ROLLI OBEIT ANIIS I	Elika ilaak ekial dikla	#11 # 1 # 111 1##1
6964 W. 29 WAY HIALEAH FL 33016		696	6964 W. 29 WAY HIALEAH FL 33016			+			
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	•					3. Date Incorporate	OO NOT WRITE IN T	HIS SPACE	
						03/28/1994	u or Qualited		
2. Principal P	Place of Business	2a.	Mailing Address			4. FEI Number	,	Apı	plied For
21		26				65-0503357		Not	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certifcate of State	us Desired	\$8.75 A	
22	<u> </u>	- 27	_ ^				· · · · · · · · · · · · · · · · · · ·	- Fee Re	
City & Stat	te	28	City & State			6. Election Campaig Trust Fund Contr	11	\$5.00 Added to	
Zip	Country	1-0,	Zip	Cour	itry	8. This corporation	owes the current yea	r Intangible	
24	25	29		30		Personal Propert	•		⊠No
	9. Name and Address of Curre	ent Regis	tered Agent			10. Name and Addr	ess of New Registe	red Agent	
0.117	HERREZ TAVOL				81 Name				İ
	TERREZ, TAYDI 3 SW 7 ST.			-	82 Street Addr	ress (P.O. Box Number i	s Not Acceptable)		-
	3 SW 7 ST. MI FL 33134						<u> </u>		
A A I A I	MH ET 1363 17346				83				
MIAI				ı					
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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 supported.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Armando A. Del Sol R. SIGNATURE RESIDENTAL UKE RESIDENTAL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

305-558-6636

Change

Addition