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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P94000029182

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90031 036 ***150.00

| SANTA E | BERGAMO, INC. | | | | | | | | |
|--|--|---|--|--|--|---------------------------------|---|-------------------------------------|--|
| Principal Place | e of Business | Mailing Address | | | - 1 18011431 tien terett gehatt gegin gegin | 80131 BELLO 11910 1 | | 913 9 51 9 1 1 1 1 91 | |
| 4620 PIERCE-S | TREET. | 4620 PIERGE STREET | | | 1 | | | | |
| HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 | | | | | DO NOT WRITE | DO NOT WRITE IN THIS SPACE | | | |
| 14500 | GOLFNIEW DRW | | | | 3. Date Incorporated or Qualifed | 114 11 110 01 71 | | | |
| | GOLFNIEW DRW BROKE PINES FL | | | | 04/15/1994 | | | lied For | |
| - | lace of Business | 2a: Mailing Address — | * . | | 65-0489059 | | | Applicable | |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | | 3.75 A | | |
| 22 | <i>"</i> , etc. | 27 | | | 5. Certifcate of Status Desired | 1 . | Fee Rec | I . | |
| City & State | e . | City & State | | | 6. Election Campaign Financing | _ | 5.00 N | May Be | |
| 23 | | 28 | | | Trust Fund Contribution | | Added to | | |
| Zip | Country | Zip | Country | ' | 8. This corporation owes the current | | | | |
| 24 | 25 | | 30 | | Personal Property Tax. | | - | No | |
| | 9. Name and Address of Current | Registered Agent | 81 | Nomo | 10. Name and Address of New Re | gisterea Ager | IT | | |
| REQ | GAMO, SANTA | | " | Name | | | | | |
| | PIERCE STREET | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptab | ole) | | Ì | |
| | LYWOOD FL 33021 | | 83 | | | | | | |
| 1102 | | | 55 | | | | | | |
| | | | 84 | City | | FL 85 | Zip C | ode | |
| | | | | | | | | | |
| 14 Dursuant | to the provisions of Sections 607 0502 | and 607 1508 Florida Statutes | s. the above | e-named corp | oration submits this statement for the p | urpose of chan | ging its r | egistered | |
| office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State orm familiar with, and accept the obligation | it Florida. Such change was aut | thonzed by | the corporation | oration submits this statement for the pon's board of directors. I hereby accept | urpose of chan the appointme | ging its r nt as reg | egistered istered | |
| office or r | registered agent, or both, in the State or im familiar with, and accept the obligation | of Florida, Such change was aut ons of, Section 607.0505, Floric | thonzed by da Statutes | the corporations. | on's board of directors. I neleby accept | urpose of chan the appointme | ging its r nt as reg | egistered istered | |
| office or r agent. I a SIGNATURE | egistered agent, or both, in the State of | of Florida. Such change was aut ons of, Section 607.0505, Floric and title if applicable. (NOTE: R | thonzed by da Statutes | the corporation | on's poard of directors. Thereby accept d when reinstating) | DATE DATE | n as reg | istered | |
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| office or r agent. I a SIGNATURE 12. | registered agent, or both, in the State or m familiar with, and accept the obligation of the state of many control of the state of the | ons of, Section 607.0505, Floric and title if applicable. (NOTE: R | Registered Ages 13. 1.1 TITLE 1.2 NAME | the corporations. | on's poard of directors. Thereby accept d when reinstating) | DATE ICERS AND DI | RECTOR | RS IN 12 | |
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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 trustele 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.

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #