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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000032600**1. Corporation Name

FAST BLOCK, INC.

		_
Principal Place of Business	Mailing Address	
1637 S.W. 9TH ST.	1637 S.W. 9TH ST.	

FILED Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90081 024 ***150.00

17107 52			_	-			
Principal Place	e of Business	Mailing Address			1 (25(15)) (15 15)) 45)) 45))	IME (4114 31814 \$2117	
1637 S.W. 9TH	ST.	1637 S.W. 9TH ST.					
MIAMI FL 33135		MIAMI FL 33135			DO NOT WRITE IN TH	IIS SPACE	
	•				3. Date Incorporated or Qualifed		
	• •				04/29/1994		ļ
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21 /63		26		•	65-0485900	No	t Applicable
Suite, Apt.	, • - ,	Suite, Apt. #, etc.				\$8.75	Additional
22	·	27			5. Certifcate of Status Desired	Fee Re	equired ====================================
City & State	0/ 1	City & State			6. Election Campaign Financing	\$5.00	May Be
23 1	iami Horida	28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Zip Country		8. This corporation owes the current year		
24 331	35. 25	29	30		Personal Property Tax.	□Yes	□No
	9. Name and Address of Current	Registered Agent		Od Name	10. Name and Address of New Registers	ed Agent	
1 FT/	عبد المعاللة EO	, e e servenia e		81 Name_	م مور مهرد به از استنداد براید⇔ - در ـــــــــــــــــــــــــــــــــــ	ى ئىنىنى. 	
	ona, arnulfo ' S.W. 9th St			82 Street A	ddress (P.O. Box Number is Not Acceptable)		
				83		· .,	
MAN	VII FL 33135			03			
•		•		84 City		85 Zip	Code
			4 11	<u> </u>			registered
office or r	existered event or both in the State of	t Florida. Such change was :	autnonzec	a by the corbo	corporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	pointment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Fl	orida Stati	utes.			İ
SIGNATURE		and little if applicable (NOT	C. Booletared	Anant signature re	guired when reinstating) DATE		 -
	Signature, typed or printed name of registered agent		E: Registered	Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
12.	OFFICERS AND				quired when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
12.	OFFICERS AND	DIRECTORS	13.	πE			
12. TITLE NAME	OFFICERS AND DP LETONA, ARNULFO	DIRECTORS	13. 1.1 TI 1.2 N/	πE			
12. TITLE NAME STREET ADDRESS	OFFICERS AND DP LETONA, ARNULFO 1637 S.W. 9TH ST.	DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE AMÉ			Addition
12. TITLE NAME	OFFICERS AND DP LETONA, ARNULFO	DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE AME IREET ADDRESS TY-ST-ZIP			
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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 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 empowered.

SIGNATURE:



03-26-99.

Daytime Phone #