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**PROFIT** CORPORATION ANNUAL REPORT

1999

E.R.A. INVESTMENT, INC.

**DOCUMENT #** 



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## FILED Aug 10, 1999 8:00 am Secretary of State

08-10-1999 90016 048 \*\*\*550.00

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Principal Place	of Business	Mailing Address /			1
		· /\ /			
16789 W. ALAN LOXAHATCHEE	N BLACK BLVD.	16789 W. ALAN BLACK BL LOXAHATCHEE EL 33470			
LUMINIONEE		Bulledin	SK	, 120	DO NOT WRITE IN THIS SPACE
12723	as Forest shell	Boundare			3. Date Incorporated or Qualified
well	ing by Flori ace of Business	de 33414	-		05/12/1994
2. Principal Pl	ace of Business	2a. Mailing Address			
21 127	ace of Business 73 Wear Farest HIII	26 12773 WEST	Forus	" SHI [	800 65-0493183 Not Applicable
Suite, Apt.	#, etc. BNL	Suite, Apt. #, etc.			S8.75 Additional
22 500		27 12.06 -			5. Certificate of Status Desired -Fee Required
City & State	3 , , , , ,	City & State			6. Election Campaign Financing \$5.00 May Be
23 Well	inghis, Fl.	28 Welling for	_ , /		Trust Fund Contribution
Zip	Country	Zip	Count	try	8. This corporation owes the current year
24 334	14 25 US	29 33414	30 U	<u>, S.</u>	Intangible Personal Property.  Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
	ATILLO CUIDOTO		8	31 Name	CASTILLO LOURDES
	STILLO, LOURÓES	•	-	32 Street	Address (C.O. Boy Klumber is Not Acceptable)
	89 W. ALAN BLACK BLVD.		'	127	13 West Forst Kell Bockward
Fox	AHATCHEE FL 33470		8	3.3	# 1206
	/ \		_		B5 Zip Code
	·	_	'ا <	City	(10 1 kg FL   33 41 4
11. Pursuant	to the provisions of sections 607.0502	and 607,1508, Florida Statutes	the abov	ve-named co	orporation submits this statement for the purpose of changing its registered
l office or r	registered agent, or both, in the State o rm familiar with, and accept the obligati	i Fiorida. Such change was at	utnorizea i	DV the comp	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE.	**				re required when reinstating) DATE
40 (	Signature, typed or printed name of registered agent a		13.	d Agent signatui	re required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND		13. 1.1 TITL	· ·	Change Addition
TITLE		DELETE	1.2 NAM	_	Change Addition
NAME :	COSTILLO, ULBICIO				
STREET ADDRESS	13193 LAMIRANDA CIR			EET ADDRESS	Dane
CITY-ST-ZIP	WELLINGTON FL		1.4 CITY		Lourses CASTILO SChange Addition 12773 Wasor Forot All Bocker-L Welling by Floride 33414  Change Addition
TITLE	P	DELETE	2.1 TITL		Lours CASTILO Change Addition
NAME.	LOURDES, CASTILLO	,	2.2 NAM		12773 USOT FORST HILL BOLLET
STREET ADDRESS	_16789 W ALAN BLVD			EET ADDRESS	11 1/ 201
CITY-ST-ZIP	LOXAHATCHEE FL		_	-ST-ZIP	Welling on Planae Ser
FITLE		DELETE	3.1 TITL		Change Addition
NAME			3.2 NAM	IE	
STREET ADDRESS			3.3 STRE	EET ADDRESS	
CITY-ST-ZIP .			3.4 CITY	/-ST-ZIP	
TITLE 9		DELETE	4.1 TITL	E	Change Addition
NAME ,			4.2 NAM	Æ	
STREET ADDRESS			4.3 STRE	EET ADDRESS	
CITY-ST-ZIP			4.4 CITY	f-ST-ZIP	
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 TITL	E	Change Addition
NAME			5.2 NAM	1E	
STREET ADDRESS		1	5.3 STRI	EET ADDRESS	
CITY-ST-ZIP			5.4 CITY		
TITLE		DELETE	6.1 TITL		Change Addition
NAME		OECETE	6.2 NAM		
STREET ADDRESS				EET ADDRESS	
				/-ST-ZIP	
CITY-ST-ZIP	<u> </u>		0.4 (.111	1-21-21F	

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.

SIGNATURE:

8/2/1949

Daytime Phone #