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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000049117

1. Corporation Name

PROVIDENCIA ENTERPRISES INC

	NOW ENTERFRICES, INC	<b>J.</b>								
Principal Place	e of Business	Mai	ling Address				r abbitabl sig imst brøtt 98ilt	BOLEL OBJEL BOLEJ (	IIOIA TATAT (1981	1484) 1881 (884
14265 SW 75 T MIAMI FL 33183 US	ERR	1426	5 SW 75 TERR MI FL 33183				DO NOT W	RITE IN THIS	SPACE	
03		ŲS				ŀ	3. Date Incorporated or Qualife		017102	
	•					İ	06/28/1994			
2 Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		Ar	plied For
21		26					65-0502148		<del></del>	ot Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.						\$8.75	
22	.,	27	, ,			ſ	5. Certifcate of Status Desired		Fee Re	, ,
City & State	e ·		City & State				6. Election Campaign Financin	a _	\$5.00	May Be
23	•	28	-				Trust Fund Contribution	<b>"</b> 🗆	•	to Fees .
Zip	Country		Zip	Country	,		g. This corporation owes the cu	rrent year Int	angible	
24	25	29	[3	30			Personal Property Tax.	•	∐ Yes	□No
	g. Name and Address of Curr						10, Name and Address of New	Registered	Agent	
				81	Name					
ARAI	JJO, ELIAS			ļ <u></u>		<del>WJ0</del>		4-64-1		
1426	5 SW-75 TERR			82	8650	Addres:	s (P.O. Box Number is Not Acce J 133 AV€ R.D., #	223		
MIAM	N FL 33183			83	10000		122 1115 120 / 11			<del></del>
4				L	<u> </u>					
,				84		انند		FL	85 Zip	5183
44 Dusquanti	to the provisions 607.0	1502 and 60	7 1508 Florida Statutes	the above		AM I	tion submits this statement for th	a purposa of	changing ite	registered
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with and accept the obli	te of Florida	. Such change was auf	horized by	the corpo	oration's	board of directors. I hereby acc	ept the appoi	ntment as re	gistered
agent. I a	m familiar with and accept the obli	igations of,	Section 607.0505, Florid	da Statutes	i. 1					
				اسا	LINC	Λv	aujo			
SIGNATURE				<u> </u>	<u>C'II'</u>	HK.	71000	DATE		
	Signature, tyled or printed name of registered a			Registered Ager	nt signature re	HK.	nen reinstating)	DATE	in diperto	DE IN 12
12.	ØFFICERS		TORS	13.	nt signature re	M beriupe	ADDITIONS/CHANGES TO C		ID DIRECTO	
12. TITLE	PS NAME OF THE PS	AND DIREC	CTORS  ☐ DELETE	13. 1.1 TITLE	nt signature re	PS	nen reinstating) ADDITIONS/CHANGES TO C		D DIRECTO	DRS IN 12
12. TITLE NAME	PS ARAUJO, WANDA C	AND DIREC	CTORS  ☐ DELETE	13. 1.1 TITLE 1.2 NAME		PS ARA	ADDITIONS/CHANGES TO C	FFICERS AN	D DIRECTO	
12. TITLE	PS ARAUJO, WANDA C 14265 SW 75 TERR	AND DIREC	TORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	T ADDRESS	PS ARA 865	MANDA C  MAN	FFICERS AN	ID DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ARAUJO, WANDA C 14265 SW 75 TERR MIAMI FL 33183  # 3	AND DIREC	CTORS  ☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	T ADDRESS	PS ARA 865	ADDITIONS/CHANGES TO C	FFICERS AN	Change	Addition
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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.