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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

PIEMAT, INC.

FILED
Jan 16 1998 8:00am
Secretary of State

Principal Place	o of Business	Mailing Addr	ess			I tametame (em idret diale dalet m	CIEL MASSI MALIL.		BIB1 1844 1881
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						07/01/1994	юц		
2. Principal P	lace of Business	2a. Mailing A	ddress			4. FEI Number	····	Aı	pplied For
21		26				65-0503625			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt	#, etc.			5. Certificate of Status Desired	ı 🗆	\$8.75	Additional
22		27				Certificate of Status Desired	, h	Fee R	equired
City & State	0	City & Sta	te			6. Election Campaign Financin	_		May Be
23 Zip	Country	28		Country		Trust Fund Contribution		· · · · · · · · · · · · · · · · · · ·	to Fees
24	25	Zip	<u></u> ⊢—	Country		8. This corporation owes or ha	-		tangible No
[24]		29 s of Current Registered Ager	30 nt	1		Personal Property Tax due . 10. Name and Address of Nev			
GO	NZALEZ, EFRAIN			81	Name				
	42 LE JEUNE RD					ONZALLZ, E	TRA	<i>/</i>	
	ITE 2			82	Street Add	dress (P.O. Box Number is Not Acce	optable)	Suite	· -22 -7
	RAL GABLES FL 3314	16		83				~··~~	• • •
				-		RAMAR		11	
				84	City		F		Code
11. Pursuant 1	o the provisions of Section	ns 607,0502 and 607,1508, Fi	orida Statutes, th	ne above	-named cor	poration submits this statement for	ha nurnoso	of changing if	te registered
agent lar	egisteren agent, or both, i m f a miliar with, an d a ccer	in the State of Florida. Such or pt the obligations of, Section 6	iange was autho 07.0505, Florida	rized by Statutes	tne corpora	ation's board of directors. I hereby a	ccept the ap	pointment as	registered
SIGNATURE									
		f registernal agent and little if applicable			nt signature requ	uired whon reinstating)	DATE		
12.		ICERS AND DIRECTORS		13.	nt signature requ	uired whon reinstating) ADDITIONS/CHANGES TO C			
12. TRILE	P	HOERS AND DIRECTORS	DELETE	13. 1.1 TITLE	nt signature requ			ND DIRECTOR	RS IN 12
12. TITLE NAME	P Johnson, Rolf (ICERS AND DIRECTORS	DELETÉ .	13. 1.1 TITLE 1.2 NAME					
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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 truette 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 one an alternative with an eddress.

1-0-00