## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PRÖFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000055555

STREET ADDRESS

CITY-ST-ZIP

CAMPA	& ASSOCIATES, INC.							
Principal Place	e of Business	Mailing Add	fress					i muni suu logi
Principal Place of Business  Mailing Address  8013 WEST 16TH AVE.  HIALEAH FL 33014  Mailing Address  8013 WEST 16TH AVE.  HIALEAH FL 33014						DO NOT WRITE IN THIS	SSPACE	
						3. Date Incorporated or Qualifed	3 31 701	
						07/27/1994		
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	At	pplied For
21		26				65-0508466	No	ot Applicable
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.			5. Certificate of Status Desired	• -	Additional equired
City & Stat	ee	City & S	State			6. Election Campaign Financing	~-~\$5:00	May Be
23	•	28				Trust Fund Contribution		to Fees
Zip	Country	Zip		Country	у	8. This corporation owes the current year In	tangible	_
24	25	29		0		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Cu	rrent Registered Ag	ent		.T	10. Name and Address of New Registered	Agent	
CAM	MPA JOSE I			81	Name			
CAMPA, JOSE L 8013 WEST 16TH AVE.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
HIALEAH FL 33014			83	3				
				84	City		85 Zip	Code
						FL.	-	
11. Pursuant office or r	to the provisions of Sections 607. registered agent, or both, in the St im familiar with, and accept the ob-	.0502 and 607.1508, tate of Florida. Such	Florida Statutes change was aut	, the abov horized by	e-named corp the corporation	poration submits this statement for the purpose o on's board of directors. I hereby accept the appo	r changing its intment as re	gistered
agom. va	0 4/							
SIGNATURE	Signature, types of printed name of registres							····
	Signature, typed of printed name of registred OFFICERS	Jose L. d agent and title if applicable. S AND DIRECTORS	Campa (NOTE: R				99 ND DIRECTO	DRS IN 12
SIGNATURE	Sprature, typey of printed name of registron OFFICERS	Jose L. d agent and title if applicable. S AND DIRECTORS		tegistered Age		d when reinstating DATE	99	
SIGNATURE	Sprature, types of printed name of registron OFFICERS PD CAMPA, JOSE L	Jose L. d agent and title if applicable. S AND DIRECTORS	Campa (NOTE: R	egistered Age	ent signature require	d when reinstating DATE	99 ND DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE	PD CAMPA, JOSE L 8013 WEST 16TH AVE.	Jose L. d agent and title if applicable. S AND DIRECTORS	Campa (NOTE: R	13. 1.1 TITLE 1.2 NAME	ent signature require	d when reinstating DATE	99 ND DIRECTO	DRS IN 12
SIGNATURE  12. TITLE NAME	Signature, types of printed name of registrate OFFICERS PD CAMPA, JOSE L 8013 WEST 16TH AVE. HIALEAH FL 33014	Jose L. d agent and title if applicable. S AND DIRECTORS	Compa (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature require	d when reinstating DATE	ND DIRECTO ☐ Change	DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	PD CAMPA, JOSE L 8013 WEST 16TH AVE. HIALEAH FL 33014 STD	Jose L. d agent and title if applicable. S AND DIRECTORS	Campa (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature require	d when reinstating DATE	99 ND DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD CAMPA, JOSE L 8013 WEST 16TH AVE. HIALEAH FL 33014 STD CAMPA, JUDITH M	Jose L. d agent and title if applicable. S AND DIRECTORS	Compa (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	ent signature requisiter requisiter and the signature requisiter and the signature requisiter and the signature requisiter and the signature requisiters are signatured as the signature requisiters and the signature requisiters and the signature requisiters are signatured as the signature requisiters and the signature requisiters are signatured as the signatured as the signature requisi	d when reinstating DATE	ND DIRECTO ☐ Change	DRS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE: X	J. Z. Competo
SIGN	TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90038 023 \*\*\*158.75

(305) 558-8072