Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90054 035 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000067318

1. Corporation Name

EIRE RESCHE RESCHIRCES INC

	Scue nesconces, inc.						
Principal Place of Business Mailing Address					i idalidati iza iditt statt getti detti danic gares arcii ci	1988 HILBS HEEL LAIS 1881	
19341 NW 7 STREET PEMBROKE PINES FL 33029  19341 NW 7 STREET PEMBROKE PINES FL 33029					DO NOT INDITE IN THE SPACE		
•					DO NOT WRITE IN THIS SPACE		
	·				3. Date Incorporated or Qualifed 09/08/1994		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21 26				65-0540966	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	8.75 Additional Fee Required		
22 27		27			<u> </u>		
¬,		City & State	& State			5.00 May Be Added to Fees	
23	28	Country					
Zip	Country	Zip	¬ `	•	8. This corporation owes the current year Intangit Personal Property Tax.		
24	9. Name and Address of Curren	29 . 30	<del>"</del>		10. Name and Address of New Registered Ager		
	3. Name and Address of Curren	r ivadistalan wâgiit	81	Name	'er taming min ' manage of trans troffication talkin		
de Jesus, neal r 19341 NW 7 Street			82		dress (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES FL 33029			83	<del> </del> -			
,	DITOTAL PRINCE PER COULT		0.5				
			84	1	rporation submits this statement for the purpose of char		
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered agent	of Florida, Such change was autritions of, Section 607.0505, Floridation of the Italy of the Ita	a Statutes	tne corpora	nion's board of directors, i heraby accept the appointment in the second of directors. I heraby accept the appointment in the second of the se	an as registered	
12.		D DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition	
TITLE	S	☐ DELETE	1.1 TITLE			. Induction	
NAME	DE JESUS, LOURDES Z	İ	1.2 NAME			`.	
STREET ADDRESS	19341 N W 7TH STREET			TADORESS			
CITY-ST-ZIP			1,4 CITY-S	T-ZIP		Change	
TITLE			2.1 TITLE			i i	
NAME	New R. de Jesus		2.2 NAME				
STREET ADDRESS	Darlington Dear G 2	2020	l	T ADDRESS	e e e		
CITY-ST-ZIP			2. 4 CITY-1	S1-ZIP		Change	
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CITY-ST-ZIP	<u> </u>	☐ DELETE	3.4. CITY-1	SI-ZIP		Change	
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STREET ADDRESS	,		i .	T ADDRESS			
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CITY-S 5.1 TITLE	i-ZIP		Change	
TITLE	<i>:</i>	□ nercie	5.1 (IILE 5.2 NAME				
NAME	,		ľ	T ADDRESS			
STREET ADORESS	/ · ·	1	5.4 CITY-S				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITLE	,, 411		Change	
TITLE NAME							
INVINE	1		_ ~				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: }

STREET ADDRESS

CITY-ST-ZIP

954-763-<u>818</u>1