## 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 # **P94000068027**

1. Corporation Name

CARY LINISEY INC

## Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90021 018 \*\*\*150.00

	NISEA, INC.								
Principal Place	e of Business	Mailing Address						: :	
858 EAST 41ST	r street	858 EAST 41ST STREET							
HIALEAH FL 33012 HIALEAH FL 33012						DO NOT WRITE	- IN TUIC (	PRACE	<del>-</del>
						3. Date Incorporated or Qualifed	IN IHIS	SPACE	<del></del>
						09/12/1994			
Principal Place of Business     2a. Mailing Address						4. FEI Number		<del>-</del>	Applied For
21		26			- "	65-0524822			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional
22		27							Required
City & Stat	te	City & State				6. Election Campaign Financing		•	May Be
23	0	28	Cour	tra		Trust Fund Contribution	4 1-4-		i to rees
Zip	Country	Zip	Coun	ru y		<ol> <li>This corporation owes the currer Personal Property Tax.</li> </ol>		ngible □Yes	□No
24	9. Name and Address of Current	29	30			10. Name and Address of New Re			
	s. Name and Address of Current	r veðisreisn víðaur		81 N	Name	IV. Hame and Address of Hew Ac	giotoleu F	-3	
RIVE	RA, OSCAR								·
858 EAST 41ST STREET				82 Street Address (P.O. Box Number is Not Acceptable)			•		
	EAH FL 33012		-	83	<del></del>				
110				63					
				84 (	City		FL	85 Zip	Code
SIGNATURE	m familiar with, and accept the obligat								
12	Signature, typed or printed name of registered agent			Agent siç	gnature required	when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE	DIRECT	ORS IN 12
12.	OFFICERS AN		13.		gnature required	when reinstating) ADDITIONS/CHANGES TO OFFI		D DIRECT	
TITLE	OFFICERS ANI	D DIRECTORS		.E	gnature required				
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64 CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE:

(305)691-3336.