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## 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 # P94000071244

NAME

STREET ADDRESS CITY-ST-ZIP

PRO-TE	EAM SERVICE CORP.			I FORMERA HIG CHAR RARIA GRAVA GRAVA GRAVA GRAVA GRAVA	I MARAK MANA MANA ANAM PINI MANA
Principal Pla	ace of Business	Maiting Address			
CARLOS VILL	ALOBO\$	CARLOS VILLALOBOS			
1131 SW 70TH AVE 1131 SW 70TH AVE				DO NOT WRITE IN THIS SPACE	
PLANTATION FL 33317 PLANTATION FL 33317				3. Date Incorporated or Qualifed	
<u> </u>				09/28/1994	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0523035	Not Applicable
		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & St	ate	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year I	
24	25	29	30	Personal Property Tax.	Yes □No
24	9. Name and Address of Curre			10. Name and Address of New Registere	d Agent
			81 Name		
VILLALOBOS, CARLOS			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	<del></del>
1131 SW 70TH AVE					
PL.	ANTATION FL 33317		83		
			84 City		85 Zip Code
				F	
office o	r registered agent or both in the Stat	te of Florida. Such change was a	uthorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered
agent. I	am familiar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Statutes.		
SIGNATUR	E Signature, typed or printed name of registered a	gent and title if applicable (NOT)	: Registered Agent signature require	d when reinstating) DATE	<del></del> _
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	***	☐ Change ☐ Addition
NAME	VILLALOBOS, CARLOS		1.2 NAME		
STREET ADDRES	ss 1131 SW 70TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY-ST-ZIP		C Observe D Addition
TITLE		☐ DELETE	2.1 TITLE -		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRES	SS		2.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE NAME			3.2 NAME		_ • -
STREET ADDRES	se		3.3 STREET ADDRESS		
CITY-ST-ZIP	33		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRES	ss		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRES					
	ss		5.3 STREET ADDRESS		
CITY-ST-ZIP	SS	☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: X Co. NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)