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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P94000076623 (5)

1. Corporation Name 70: 5

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90071 018 ***150.00

KA	MON PAZOS	, INC	7							
Principal Plac	ce of Business	Mailing A	ddress							
	VW 88 4ANE									
1	_	1403	HW 88	LAN	<u>E</u>		1			
TAMARAC, FL 33321 TAMARAC, FL 33:					<i>2 /</i>	<i>'</i>	DO NOT WRITE IN THIS SPACE			
,,,,,,,,,,		1114/11	71-17-				3. Date Incorporated or Qu	ualifed		
							10-17-94 4. FEI Number			
2. Principal F	Place of Business	2a. Mailin	ig Address				·			Applied For
21		26					65-052990	/		Not Applicable
Suite, Apt.	t. #, etc.	Suite,	Apt. #, etc.				5. Certificate of Status Des	ired \square	\$8.75	Additional
22		27	<u>.</u>				3. Germedic of States Bes		Fee f	Required
City-&-Sta	ite	City.8	State				- 6Election Campaign Fina	ncing	\$5.0	O-May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Coun	itry		8. This corporation owes to	ne current year		}
24	25	29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Cur	rent Registered A	Agent				10. Name and Address of	New Registere	d Agent	
2	Δ				81	Name				
PAZO	5, RAMON				82	Street Addre	ess (P.O. Box Number is Not A	(cceptable)		
	NW 88 LANE			ľ						
		Ī		[1	83		-			
TAMA	MAC, FL 33321	•		ļ.	0.4	Oth.			06 7:-	Codo
777-107.	, ,			'	84	City		F	L 85 Zip	Code
11. Pursuant	t to the provisions of Sections 607.0	0502 and 607.1508	8, Florida Statute	es, the ab	ove-	named corpo	oration submits this statement	for the purpose	of changing it	ts registered
office or	registered agent, or both, in the Sta am familiar with, and accept the ob-	ate of Florida. Sucl	h change was au	uthorized I	by th	he corporation	n's board of directors. I hereby	accept the app	ointment as r	registered
ayen. re	air iairilliai with, and accept the ob	nganoris oi, sectio	11 001.0000, 1 101	ida Otaldi	ics.					
	. *									
SIGNATUŖE	Signature, typed or printed name of registered	agent and title if applicable	le. (NOTE:	Registered A	igent s	signature required	when reinstating)	DATE		
SIGNATUŖE 12.	Signature, typed or printed name of registered	agent and title if applicable		Registered A	gent s	beniuper enutangia	when reinstating) ADDITIONS/CHANGES		AND DIRECT	ORS IN 12
<u> </u>	Signature, typed or printed name of registered OFFICERS					signature required			AND DIRECT	
12.	Signature, typed or printed name of registered OFFICERS Page 10 - 1 Page 15	AND DIRECTORS	S	13.	.E	beniuper srutangiz				
12.	Signature, typed or printed name of registered OFFICERS Page 10 - 1 Page 15	AND DIRECTORS	S	1.1 TITL 1.2 NAM	.E	signature required				
12.	Signature, typed or printed name of registered OFFICERS Page 10 - 1 Page 15	AND DIRECTORS	S	13. 1.1 TITL 1.2 NAM 1.3 STR	E REET A	ADDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS	S	1.1 TITL 1.2 NAM	E ME REET A Y-ST-2	ADDRESS				Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS Page 10 - 1 Page 15	AND DIRECTORS	S DELETE	13. 1.1 TITL 12 NAW 1.3 STR 1.4 CITA 2.1 TITL	.e Me Reet a Y-St-;	ADDRESS			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS PRAMON PAZOS 57653 NW 88 LAI TAMBURG, PL 3	AND DIRECTORS	S DELETE	13. 1.1 TITL 12 NAW 1.3 STR 1.4 CITA 2.1 TITL 22 NAW	.E ME MEET A Y-ST-; .E	ADDRESS ZIP			☐ Change	Addition
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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.

SIGNATURE: ELLIPERATURE AN

INTED NAME OF SIGNING OFFICER OR DIRECTOR