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 # P94000082906 1. Corporation Name

RETRAVO, INC.

Principal Place of Business
15206 OAK CHASE CT WELLINGTON FL 33414

Mailing Address

15206 OAK CHASE CT SUITE B

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90071 037 ***150.00

US	WELLINGTON FL 33414					DO NOT WRITE IN THIS SPACE		
US						3. Date Incorporated or Qualifed		
						11/09/1994		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Apr	lied For
26					65-0538413		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75 A	_
27						5. Certificate of Ottatos Desired	Fee Red	uired
City & State City & State						6. Election Campaign Financing	\$5.00	vlay Be
28						Trust Fund Contribution	Added to	Fees
Zip Country Zip				Country 8. This corporation owes the		8. This corporation owes the current year		
24	25 29 3					No.		
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Registers	d Agent	
				81	Name		*	
STOCKAR, THOMAS 15206 OAK CHASE CT				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
				L.				_
WEI	LLINGTON FL 33414			83				
				84	City		. 85 Zip C	ode
				84	City	F		006
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. AND DIRECTORS			t signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DS IN 12
12.	PD	DELE		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	☐ Addition
TITLE	'-						Shango	
NAME	VON STOCKAR, THOMAS			1.2 NAME				
STREET ADDRESS	10-00 0/ 11 0/ 110-				ADDRESS			
CITY-ST-ZIP	WELLINGTON FL 33414	1		1.4 CITY-S	T-ZIP		Change	Addition
TITLE	SD	DELE		2.1 TITLE		•	Change	L. Addition
NAME	- 110.101			2.2 NAME		ا الراجستين کې الريب	was silas	
STREET ADDRESS 1540 E. COMMERCIAL BLVD. SUITE B			1	2.3 STREE	ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33334			2. 4 CITY-5	T-ZIP			
TITLE	4 D		3.1 TITLE			Change	☐ Addition	
NAME	VON STOCKAR, MADLEN			3.2 NAME				
STREET ADDRESS			1	3.3 STREE	T ADDRESS			
CITY-ST-ZIP	WELLINGTON FL 33414			3.4. CITY-5	T-ZIP			
TITLE		☐ DELE	ΤE	4.1 TITLE			☐ Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS	3			4.3 STREE	ADDRESS			
CITY-ST-ZIP	1			4.4 CITY-S	T-ZIP	<u></u>		

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 changes, or or an attachment with an address, with all other like empowered.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

Addition