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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000091176

1. Corporation Name

## **FILED** Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90019 028 \*\*\*150.00

	NDALL CORPORATION								
Principal Place of E	Business	Mailing Address				i indiinas iis idiki dibii daiii d		1816) HOOL H	1011 10010 DIST 1001
14260 S.W. 119 AVE		14260 S.W. 119 AVE.							
MIAMI FL 33186 MIAMI FL 33186						DO NOT WE	ITE IN THIS	CDACE	
ı					Ì	DO NOT WR  3. Date incorporated or Qualifed		SPACE	
						12/16/1994	•		
2. Principal Place	of Puginoss	2a. Mailing Address				4, FEI Number	<del></del> ;		Applied For
	Of Dusiness	26				65-0545879			Not Applicable
Suite, Apt. #, et	te	Suite, Apt. #, etc.						\$8.7	5 Additional
22		27				5. Certificate of Status Desired		Fee	Required
City & State		City & State			Î	6. Election Campaign Financing		\$5.0	<b>)0</b> May Be
23		28				Trust Fund Contribution		Adde	ed to Fees
Zip	Country	Zip	Country	r		8. This corporation owes the cu	rrent year In		XNo
24	25		30			Personal Property Tax.	<del></del>	☐ Yes	IZI,No
9.	Name and Address of Current	Registered Agent	81	Name		10. Name and Address of New	Registerea	Agent	
MACOTIAL	EZ, EMILIO F		61	Name	1				
	EZ, EMILIO F S.W. 119 AVE.		82	Street	Addres	s (P.O. Box Number is Not Accep	table)		
MIAMI F			83	ļ					
IANT-ZIAN 1			63						
			84	City			FL	85 Z	ip Code
	ne provisions of Sections 607.0502	and 607 4509 Florido Statute	an the above	a named	Loorpors	ation cubmits this statement for the	0 0000000	-     Changing	its registered
11. Pursuant to the office or regist	ne provisions of Sections 607.0502 tered agent, or both, in the State of amiliar with, and accept the obligat	of Florida. Such change was a	uthorized by	the corp	oration'	s board of directors. I hereby according	ept the appo	intment as	registered
agent. I am fa	amiliar with, and accept the obligat	ions of, Section 607.0505, Flor	rida Statutes	š.					
SIGNATURE	in the second se						DATE		
Signa	ature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age				DATE		
Signa 12.	OFFICERS AN	and title if applicable. (NOTE:				hen reinstating)	DATE		TORS IN 12
12. TITLE D	OFFICERS ANI	and title if applicable. (NOTE:	Registered Age			hen reinstating)	DATE	ND DIREC	TORS IN 12
12. TITLE D NAME M/	OFFICERS AN	and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME		required w	hen reinstating)	DATE	ND DIREC	TORS IN 12
12. TITLE D NAME M/ STREET ADDRESS 14	OFFICERS ANI ARTINEZ, EMILIO F	and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	nt signature	required w	hen reinstating)	DATE	ND DIREC	CTORS IN 12 ge Addition
12. TITLE D NAME M/ STREET ADDRESS 14	OFFICERS AN ARTINEZ, EMILIO F 1260 SW 119TH AVENUE	and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature	required w	hen reinstating)	DATE	ND DIREC	CTORS IN 12 ge 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR