## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000091262 (3)

## FILED Apr 14 1998 8:00am Secretary of State

GOINT	ANILHA & FHANCISCO, INC	<b>,</b> .							
Principal Place	of Business	Mailing Address				†	II UDALD FOLDF III		410 1101 HBT
6524 CARRIE		6524 CARRIER DRIVE							
ORLANDO FL		ORLANDO FL 32819			DO NOT WRITE I	N THIS SDA	CE		
						3. Date Incorporated or Qualified	THO OF A		
						12/19/1994			
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For			
21		26			59-3285830		<del></del>	t Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired	57 \$	8.75 /	Additional	
22		27			6. Cerpicate of States Desired	***	Fee Re	berlup	
City & State	•	City & State			6. Election Campaign Financing			May Be	
23	0	28				Trust Fund Contribution			
Zip	Country	Zφ	$\vdash$	Country		8. This corporation owes or has paid	-		
24	9. Name and Address of Curren	1 Registered Agent	[30]			Personal Property Tax due June 3  10. Name and Address of New Reg			] No
DA	MOS, JOSE L			81	Name	1At . same stir bacters of the too	roi on who		
	MUS, JUSE L B1-B HOFFNER AVE		1						
	BLANDO FL 32812		82 Street Ad			ss (P.O. Box Number is Not Acceptable	e)		ŀ
Or.	DUIDO FL SZOIZ		ł	B3					
			L						
				84	City		FL B	Zip (	Code
11. Pursuent I office or re agent. I as SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607:1508, Florida Statu of Florida. Such change was allons of, Section 607:0505, F	les, the ab authorized orida Stati	oove-r d by ti utes.	named corpo he corporatio	ration submits this statement for the punis board of directors. I hereby accept	rpose of cha the appoint	nging it: nent as	s registered registered
SIGNATURE	Signature, typed or printed name of registered agn		F: Hogistered	Ageni	signature required	when reinstating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	OPT	☐ DELETE	1.1 TiT		1		Ц	Change	☐ Addition
NAME	DOS SANTOS, VICTOR Q		1.2 NAM						l'
STREET ADDRESS	5611 TELIPA DRIVE ORLANDO FL 32839		1.3 STREET ADDRESS						Į,
CITY - ST - ZIP	DVPT	DELETE		Y-ST-	ZIP			Change	- I Addition
TITLE	DOS SANTOS, MARCIA F	□ DELETE	2.1 717				ш	Change	Addition
NAME OTDEET ADDRESS	5611 TEUPA DRIVE		2.2 NA		200000				İ
STREET ADDRESS	ORLANDO FL 32839				DORESS				ł
CITY-ST-ZIP TITLE	ONLOGO I L 32039	DELETE	2. 4 CI	TY-ST-	200	The state of the s		Change	Addition
NAME		La bitter	3.2 NA				ب	Onlinge	
STREET ADDRESS					DDAESS				
CITY-ST-ZIP			- 1	TY-ST-	1				}
TITLE		DELETE	4.1 TIT					Change	Addition
NAME		_	4.2 N/					-	_
STREET ADDRESS			. I		DORESS				ì
CITY-ST-ZIP				ry-ST-					
TITLE		DELETE	5.1 TiT					Change	☐ Addition
NAME			5.2 NA	ME					1
STREET ADDRESS			5.3 ST	REET AC	ODRESS				
CITY-ST-ZIP			5.4 CIT	IY-ST-	ZIP ]				
TITLE		☐ DELETE	61111		1			Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET AE	OORESS				[
CITY - ST - ZIP			6.4 CIT	Y-ST-	ŽIP				
14. Thereby c	ertify that the information supplied w	ith this filing does not qualify t	or the exe	motic	on stated in S	ection 119.07(3)(i). Florida Statutes. I fe	urther certify	that the	information 7

r nereoy certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic indicated on this annual report or suppliemental 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 on an attachment with an address.

SIGNATURE:

MARCIA DOLSANTOS (VICE-PRESIDENT) 2/9/98 (407) 345.0969