

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 24, 1999 8:00 am**  
**Secretary of State**

09-24-1999 90001 038 \*\*\*150.00

0061477

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris** -  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000000236**

1. Corporation Name  
**INVINCIBLE CORP.**



**Principal Place of Business**

663 NE 138TH ST  
NORTH MIAMI FL 33161  
US

**Mailing Address**

PO BOX 612382  
NORTH MIAMI FL 33161  
US

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**

12/30/1994

**4. FEI Number**

65-0567571

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75** Additional  
Fee Required

**6. Election Campaign Financing**

☐

**\$5.00** May Be  
Added to Fees

**8. This corporation owes the current year  
Intangible Personal Property.**

☐

Yes ☐ No

**2. Principal Place of Business**

**2a. Mailing Address**

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

**9. Name and Address of Current Registered Agent**

WYNTER, JOMO B  
663 NE 138TH ST  
N MIAMI FL 33161

**10. Name and Address of New Registered Agent**

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**83**

**84 City**

FL

**85**

Zip Code

**11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE **P** ☐ DELETE  
NAME **WYNTER, JOMO B**  
STREET ADDRESS **P.O. BOX 612382 N/A**  
CITY-ST-ZIP **NORTH MIAMI FL 33161**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE  
NAME **FERGUSON, ANNETTE**  
STREET ADDRESS **P.O. BOX 612382 N/A**  
CITY-ST-ZIP **NORTH MIAMI FL 33161**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **WYNTER, FRITZ**  
STREET ADDRESS **P O BOX 612382 N/A**  
CITY-ST-ZIP **NORTH MIAMI FL 33161**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MORI, HIDEHI**  
STREET ADDRESS **P.O. BOX 612382 N/A**  
CITY-ST-ZIP **NORTH MIAMI FL 33161**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MORI, JUNKO**  
STREET ADDRESS **P O BOX 612382 N/A**  
CITY-ST-ZIP **N MIAMI FL 33161**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 changed, or on an attachment with an address.**

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-24-99

(305) 895-1264

Date

Daytime Phone #

CR2E034 (5/99)

FL. Dept of STATE

P95000000236 9-21-99  
619517-90001

DEAR, SIR OR MADAME (FL. Dept of STATE)

As discussed on the  
Phone with Tyrone Tue 9-21-99  
Approx 1445. My Accountant Mr.  
HAFNER died, the 1<sup>ST</sup> NOTICE WAS  
WITH him AND WAS UNRECOVERED. I  
HAD call to see if your Dept.  
HAD RECEIVED it, but the ANSWER WAS  
NO, so I then RECEIVED ~~A~~ SECOND  
NOTICE IN the AMOUNT of \$300.

I lost my trailer in N.C.,  
I am here going to school and I AM  
just broke at this time, so  
I asked the fee to be WAVED

because of circumstances beyond  
my controll. TYRONE WAS VERY  
UNDERSTANDING, told me to send a  
CHECK for \$150<sup>00</sup>, which is enclosed  
AND he pointed out it would be  
only a 1 TIME WAIVER, with NO guarantee