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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000018284

SATUERCA CORP.

Principal Place of Business Mailing Address

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90062 014 ***150.00



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2900 N.W. 48 1	TERR.	2900 N.W. 48 TERR.						
#201 LAUDERDALE LAKES FL 33313		#201			DO NOT WRITE IN THIS SPACE			
LAUDENDALE LAKES PL 33313		LAUDERDALE LAKES FL 33313			3. Date Incorporated or Qualifed			1
}								
					03/06/1995			1
_ `	Place of Business	2a. Mailing Address			4. FEI Number		pplied For	18
21		26			65-0617096		lot Applicable] }
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional	18
22		27			o. Controlle of Clares Books	Fee F	Required	_
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be	1
23		28			Trust Fund Contribution		l to Fees	1
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Inta	naible		1
24	25	29	30			∐Yes	□No	1
	9. Name and Address of Current				10. Name and Address of New Registered A	gent		1
	* 2 * 1	y	8	1 Name				1
ALC	IBAR, JOHN							1
2900 NW 48TH TERRACE		82 Street Add		2 Street Ad	ddress (P.O. Box Number is Not Acceptable)			l
#20	•	•	8:		and the second 	 	Y ([- 3])	┨
	DERDALE LAKES FL 33313		0	3		a Pili		
LAU	DENDALE LAKES FL 33313		8-	4 City		85 Zip	Code	1
				1	FL			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ve-named co	orporation submits this statement for the purpose of c ation's board of directors. I hereby accept the appoint	hanging it	s registered	1
office or r	egistered agent, or both, in the State o	f Florida. Such change was au	thorized by	y the corpora	ation's board of directors. I hereby accept the appoint	ment as r	egistered	
. agent. i a	in landing with, and accept the obligation							
	· -	ons of, Section Cor. Coods, 1 lon	da Statute	· ·				
SIGNATURE								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ag		puired when reinstating)			6
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Ag	ent signature requ	nuired when reinstating) / (,) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	14,000
12.	Signature, typed or printed name of registered agent OFFICERS AND PST	and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE	ent signature requ	nuired when reinstating) / (,) DATE ADDITIONS/CHANGES TO OFFICERS AND		ORS IN 12	4 (44,000)
12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PST ALCIBAR, JOHN	and title if applicable. (NOTE: 1) DIRECTORS DELETE	13. 1.1 TITLE	ent signature requ	nuired when reinstating) / (,) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	00% (4%)00)
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PST ALCIBAR, JOHN 2900 NW 48TH TERRACE #201	and title if applicable. (NOTE: 1) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	ent signature requ	nuired when reinstating) / (,) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	00004 (44100)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered egent OFFICERS AND PST ALCIBAR, JOHN 2900 NW 48TH TERRACE #201 LAUDERDALE LAKES FL 33313	and title if applicable. (NOTE: 1) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature requ	puired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12	100L007 (44/00)
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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