

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

FILED

99 MAY 21 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 995000023981

1. Corporation Name

PL & ASSOCIATES CONSULTING INC.

Principal Place of Business

Mailing Address

9741 Fontainebleau Blvd #212  
Miami, FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Rita Deyan  
9741 Fontainebleau Blvd #212  
Miami, FL 33172

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

Rita Deyan

Signature, type 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 Rita Deyan  
STREET ADDRESS 9741 Fontainebleau Blvd #212  
CITY-ST-ZIP Miami, FL 33172

TITLE (VP) ☐ DELETE  
NAME Ricardo Palmyro  
STREET ADDRESS 9741 Fontainebleau Blvd #212  
CITY-ST-ZIP Miami, FL 33172

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

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06/14/99-01006-013

\*\*\*\*465.00 \*\*\*\*465.00

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Rita Deyan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

document no. P95000023981

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND A CHECK FOR \$150 TO COVER THIS YEARS  
1999 ANNUAL REPORT. I NEVER RECIEVED THE ANNUAL REPORT FORM DO TO  
A CHANGE OF MAILING AND PRINCIPAL ADDRESS. I DID NOTIFY YOUR OFFICE  
OF THIS CHANGE. PLEASE ACCEPT THIS CHECK TO COVER THE 1998 ANNUAL  
REPORT. IF YOU SHOULD HAVE ANY QUESTION DON'T HESITATE TO CONTACT ME  
AND THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION.

CORDIALLY YOURS,

  
PRESIDENT