## 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** 

## Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90076 018 \*\*\*150.00

1. Corporation	MENT # P95000 ASABLANCA III, INC.	051507			*   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100	<b>.</b> 		
M-W- Add-								
Principal Place		Mailing Address						
100 Ansin Blvd.  Hallandale Fl 33009  Hallandale Fl 33009						, <del>-</del>	- <del>-</del> .	
US	ا است میرمانی ایال کا در	US	•		DO NOT WRITE IN THIS SE	ACE		ı
•-		•			3. Date Incorporated or Qualifed 07/03/1995		}	
Principal Place of Business     2a, Mailing Address					4. FEI Number	Apr	olied For	ĺ
21 26 26					65-0591087		Applicable	l
Suite, Apt. #, etc. Suite, Apt. #, etc.			· · · ·		<del>-   </del>	\$8.75 A		
27					J. Certificate of Status Desired	Fee Rec		ļ
City & State City & State					6. Election Campaign Financing	\$5.00 h	-	
23			Country	,	Trust Fund Contribution  8. This corporation owes the current year Intang	Added to	rees	
Zip	Country 25	29 30	¬	,			□No ĺ	l
	9. Name and Address of Current		<u>-                                    </u>		10. Name and Address of New Registered Ag	ent		
	· sage profession in the		81	Name				
IBRAHIM, ODALYS:M				Street Add	ress (P.O. Box Number is Not Acceptable)		=	
782 <u>N.W. LEJEUNE RD.</u> #533 **					· · · · · · · · · · · · · · · · · · ·			ļ
#555 MIAMI`FL 33126			83				ļ	
MILLANI I E OO IEO				City	FL	85 Zip C	ode	
44 D	to the provisions of Sections 507 050	2 and 607 1508 Florida Statutos	the above	anamed com		anging its r	registered	
office or n	egistered agent, or both, in the State	of Florida. Such change was auth	orized by	the corporati	poration submits this statement for the purpose of chion's board of directors. I hereby accept the appointment	ient as reg	istered	
l.	m tamiliar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statutes	š. 				ĺ
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Age	nt signature require	ed when reinstating) DATE			1 6
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	D DELETE 1.11					Change	☐ Addition	3
NAME	ZAMYATIN, SIMONE							8
STREET ADDRESS	100 ANSIN BLVD.			TADDRESS			ļ	L
CITY-ST-ZIP .			1.4 CITY-5 2.1 TITLE	51-ZIP	· r	Change	☐ Addition	1
NAME	.41		2.1 MAME		_		_	
STREET ADDRESS	100 ANSIN BLVD			TADDRESS			ļ	ĺ
CITY-ST-ZIP	HALLANDALE FL	•	2. 4 CITY-	ST-ZIP				
TITLE			3.1 TITLE		[	Change	☐ Addition	
NAME	CARNERO, PEDRO		3.2 NAME				ļ	ľ
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP	HALLANDALE FL		3.4. CITY-	ST-ZIP		Chanco	☐ Addition	1
TITLE		☐ DELETE	4.1 TITLE		Ĺ	Change		ŀ
NAME			4. 2 NAME				<u></u>	1
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	21-41F	]	Change	Addition	1
NAME		_	5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		ם	Change	Addition	
NAME		San Salar	6.2 NAME		•			
STREET ADDRESS	`\#\``\\	• • • •	6.3 STREE	T ADDRESS				1

CITY-ST-ZIP 14. I hereby 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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS