* SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Aug 27 1997 8:00am Secretary of State

		# P95000 LTING SERVICES,						
Principal Plac	e of Business		Mailing Address		I HOBERDON PED 10101 DENKE DULLE BURK	I DOME BONE DA	(1 16410 1 1100 11	
6330 N.W. 77			6330 N.W. 77 COURT	1				
PARKLAND FI		•	PARKLAND FL 33067	•				
					DO NOT WR			
					3. Date Incorporated or Qualific	1	ate of Last R	eport
O Delevironi D	Name of Division		Los Maries Andre		07/18/1995	06	/28/1996	
2. Principal Place of Business			2a. Mailing Address		4. FEI Number			oplied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.		65-0603580			ot Applicable
22			27		5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State			City & State		6. Election Campaign Financing	i	\$5.00	
23			28		Trust Fund Contribution		Added (
Zip	77	Country	Zip	Country	8. This corporation owes or has	paid the cu		
24	2		29	30	Personal Property Tax due Ju	ine 30. [Yes [] No
-		nd Address of Current	Registered Agent		10. Name and Address of New	Registered	Agent	
	z, josé a	****	Na	81 Name	Posilla Conte	C.A	1	
17510 WILLOW POND DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)				
LUTZ/FL 33549				8	405 N.W 53 St			
				83 5	VIFE A-205			
				84 City			85 Zip (Code .
44 Dansant	4-45	200000000000000000000000000000000000000	1007.4500 5		1/AMI	FL	85 Zip (66
office or a agent. I a	registered figer im familiar with	nt, or both, in the State of , ann accept the obligati	Florida Such change was pris 0, Section 607.0505, F	dies, the above-hamed sauthorized by the corp Florida Statutes.	corporation submits this statement for the coration's board of directors. I hereby ac	e purpose o cept the app	changing its	registered
SIGNATURE	Signature 200 For	Arihlad name of registered agent	and life it and cable (NC	OTE Registered Agent signature	required when reinelating)	8/20	791	
12.	0.8.0.0.0.4	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 12
TITLE	D		DELETE	1.1 TITLE			Change	Addition
NAME	DIAZ, JOS			1.2 NAME				
STREET ADDRESS		LOW POND DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	LUTZ FL 3	33549		1.4 CITY-ST-ZIP				
TITLE	D		☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME		FREDERICO		2.2 NAME				
STREET ADDRESS		77 COURT		2.3 STREET ADDRESS				
CITY-ST-ZIP		D FL 33067		2.4 CITY-ST-ZIP				
TITLE	D	A 4110V	☐ DELETE	3.1 TITLE	VICE MESIDENT.		K Change	Addition
NAME	MASTRAP			3.2 NAME	HEREDIA LINY			i
STREET ADDRESS	6330 NW			3.3 STREET ADDRESS	6330 NW 77 Ct 2306			
CITY-ST-ZIP	PARKLAN	У ГL	TT peres	3.4. CITY-ST-ZIP	PARK CAND FT 3306	7		
TITLE			DELETE	4.1 TITLE			☐ Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET ADDRESS				ĺ
CITY-ST-ZIP			DELETE	4.4 CITY-ST-ZIP			T-1-25:	4 4 400
TITLE			DELETE	5.1 TITLE			Change	☐ Addition
NAME STREET ADDRESS				5.2 NAME				
STREET ADDRESS				5.3 STREET ADDRESS				
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - ST - ZIP			Change	Addition
NAME				6.1 TITLE 6.2 NAME			TT CHRIBE	MUDICIOR
STREET ADDRESS				6.3 STREET ADDRESS				
CITY-ST-ZIP								
0111-01-2H				6.4 CITY-ST-ZIP				

4. I do 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 true to empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or officer or director of the corporation or the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of the receive

an accoress.