PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000063364**

1. Corporation Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CTEDS IMPORT & EVENDT INC

SILFO	WIFORT & EXPORT, INC.			-		
TO FALL TOTAL OTTICE.		Mailing Address 10 N.E. 45TH STREET POMPANO BEACH FL 33064			DO NOT WRITE IN THIS SPACE	••
					3. Date Incorporated or Qualifed 08/16/1995	
2. Principal Pl	ace of Business	2a. Mailing Address		<u></u>	4. FEI Number Applied For 65-0607147 Not Applical	_
	e, Apt. #, etc. Suite, Apt. #, etc.				5, Certificate of Status Desired \$8.75 Additional Fee Required	
	City & State - City & State		<u> </u>		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip 24	25 29 30		Country	·	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	—
BALBI, FRANCISCO C 10 N.E. 45TH STREET POMPANO BEACH FL 33064			81	Name Street Addr	ress (P.O. Box Number is Not Acceptable)	
			83			\dashv
			84	City	FL 85 Zip Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was autho	onzea by	the corporation	poration submits this statement for the purpose of changing its registere on's board of directors. I hereby accept the appointment as registered	ď
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	istered Ager	nt signature require	od when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	☐ DELETE	1,1 TITLE		☐ Change ☐ Add	ition
NAME	BALBI, FRANCISCO C		1.2 NAME			Į
STREET ADDRESS	10 N.E. 45TH STREET		1.3 STREE	TADDRESS		İ
CITY-ST-ZIP	POMPANO BEACH FL 33064		1.4 CITY-S	T-ZIP		
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change ☐ Add	lition }
NAME	BALBI, DAISY C		2.2 NAME		,	- 1
STREET ADDRESS	10 N.E. 45TH STREET		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	DOMBANO REACH EL 22064		2.4 CITY-5	ST-ZIP		
TITLE 1 1		DELETE .	3.1 TTLE		Change Add	lition
NAME	-		3.2 NAME			
STREET ADDRESS			3.3 STREE	TADDRESS		ŀ
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Add	lition
NAME	,		4. 2 NAME			1
STREET ADDRESS			4.3 STREE	TADORESS		
CITY-ST-ZIP	"		4.4 CITY- S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE	ĺ	Change Add	naou (
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	TADDRESS		- 1

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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90014 023 ***150.00