## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE



CORPORATION ANNUAL REPORT Secreta DIVISION OF C										
DOCUN 1. Corporation		# P9	50000	066135 (1)	)					
CRUZA	AREZ, IN	С.						L ARAHDAN NID SORKI DIRKI DANIK BA		  } <b>          </b>
Principal Place	of Business			Mailing Address						
7401 NW 11 COURT 7401 NW 11 COURT										
PLANTATION				PLANTATION FL 33313  2a. Mailing Address				Date incorporated or Qualified     08/25/1995     4, FET Number	3a. Date	of Last Report
2. Philippa Pla 21 398 4	2. Principal Place of Business			26 358 W. 42 ST				65-060235	56	Applied For Not Applicable
	Suite, Apt. #, etc.			Suite, Apt #, etc.				5. Certificate of Status Desired	г. <b>С</b>	\$8.75 Additional
City & State			2	7 City & State				6. Election Campaign Financing		Fee Required \$5.00 May Be
23 HIPLE		FLORIC	10 2	8 HIBLEAN	Fiore	do		Trast Fund Contribution		Added to Fees
7ip 24 <i>330 /</i>	1	Country	a	<sub>Zip</sub> 9	Country	s A		8. This corporation has liability for Florida Statutes	r intangible ta s - 🔀 No	ix under s. 199.032,
24 5501			X	gistered Agent	[30]			10. Name and Address of New		Agent
					61	Name	:			
PESTANO, ANTOLIN						82 Street Address (P.O. Box Number is Not Acceptable;				
7401 NW 11 COURT PLANTATION FL 33313					83				. ,	
, FLANIA	HON FL 3	3313			84	City				85 Zip Code
•					}	- 7			FL	.
11. Pursuant to or register	o the provis ed agent, or	ons of Sections both, in the Sta	i 607.0502 and ate of Florida. S	607.1508, Florida Statutes uch change was authorized	s, the above-i d by the corp	named c oration s	corporat s board	ion submits this statement for the pr of directors. Thereby accept the ap	urpose of cha es Inemtrioc	anging its registered office registered agent. Lam
SIGNATURE	n, and acce	pt the colligation	ns or, Section 6	07.0505, Florida Statutes.						
	Signature, typed	or printed name of re			Fispstered Apo	T Signesten	mane le	and the second s	DAN	CIDE 01 010 PL 40
12. TITLE	PD	OFF	ICERS AND DIF	DELETE	13. 1. 1 TITLE		PL	ADDITIONS/CHANGES TO OF		Change X Addition
NAME				2,3	1.2 NAME				-	
STREET ADDRESS					1.3 STREET	ADDRESS	14	ACEZ, COCMEN Ref		
CITY - ST - ZIP				FIDE EX	14 City - 9	1 · 7 F	MI	ami LKS, FI	330	
TITLE NAME				☐ DELETE	2 1 TIFLE 2 2 NAME		V	0-42		☐ Change <b>Addit</b> -on
STREET ADDRESS						LADDRESS.	144	565 ENGLISH A	rd .	
C/TY-ST-Z/P					2.4 CHY-5	ST - ZIF	MI	S65 ENGLISH &	150	
THE				☐ DELETE	3 1 11111				Ţ	Change Addition
NAME					3.2 NAME	r independe				
STREET ADDRESS CITY-ST-ZIP					3.3 SIMES 3.4 CITY - S	LADDRESS RL. 702	<u>'</u>			
TITLE				DELETE.	4 1 11 TLE				Ī	Change Addition
NAME					4.2 NAME			4600010	er et er o	r n va
STREET ADDRESS					4.3 STREE			4000017 -03/28/9601	0630	16 16
CITY-ST-ZIP	-			DELETE	4.4 GITY - 5 5.1 THILE	51 - ZIP	-	***200.00		Change Addition
NAME					5.2 NAME				,	
STREET ADDRESS						I ADDRESS				
CITY-SI-ZIF					5.4 CHY-	ST-ZIP				
TOTLE				☐ DELETE	6 1 TITLE				[	Change Addition
NAME STREET ADDRESS					6.2 NAME	1 ADORESS				> 1.43

SIGNATURE:

63.5\*HEET ADDRESS
64.0\*ITY-S1-7IF

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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 ultrachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED MANE OF SIGNING OFFICER DIRECTOR

Directors

Capture Priorice

Capture Prior

Oaytore Phone #

CR2E034 (12/95)