PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Mar 22, 1999 8:00 am Secretary of State 03-22-1999 90024 024 \*\*\*150.00

**FILED** 

1999

DOCUMENT # 195 0000 66216 0C

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Principal Place of Business 4060 NW 24 57.	Mailing Address			
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Hicm, F1. 33142	Mianif	1. 331952	DO NOT WRITE IN TH	IO ODACE
The my The second			DO NOT WRITE IN TH	15 SPACE
			3. Date Incorporated or Qualifed	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
<del>-</del>	1		65-0603265	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		<del></del>	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28	-	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	ntangible
24 25	29	30	Personal Property Tax.	☐Yes □No
9. Name and Address of Curre			10. Name and Address of New Registers	d Agen1
Antonalla Oliviani	,=	81 Name		
4060 N.W. 275	¢.	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
		OL SUPECT FACE	inces (i .o. Dox rigillosi lo riot riscopiasio)	
MICNI, F. 3314	<u>ــــ</u>	83		
		84 City		85 Zip Code
		84 City	F	as zip code
				<b>-</b> 1 '
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	tes, the above-named corp	poration submits this statement for the purpose	of changing its registered
11. Pursuant to the provisions of Sections 607.05 office or registered agent, of both, in the State agent. I am familiar with, and accept the ability	502 and 607,1508, Florida Statut e of Florida, Such change was a lations of Section 607,0505, Flo	tes, the above-named corporation to the corporation of the corporation	poration submits this statement for the purpose on a board of directors. I hereby accept the app	of changing its registered platment as registered
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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 807. 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.

SIGNATURE:

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