PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077206

FURO-AMERICAN ADVISORY INC

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90015 044 ***150.00

LUNGA	WILTHOAN ADVISORT, INC.								
Principal Plac	e of Business	Mai	ling Address	-			1 100 (100) 114 (010) 0111 60111 00111 00111	1 1 8 8 14 1 9 8 7 9 1 1 1	11 66/10 6111 1991
735 CAMINO GARDENS LANE 735 CAMINO GARDENS LANE BOCA RATON FL 33432 BOCA RATON FL 33432			ANE			DO NOT WRITE IN THIS	S SDACE		
							3. Date Incorporated or Qualifed	JOFACE	
							10/09/1995		
3 Principal 9	lace of Business	2a.	Mailing Address				4. FEI Number	117	Applied For
<u> </u>	lace of Business	26	(Mailing 7 taul 000				65-0612617		Not Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.						Additional
22		27 .		بيغورون			5. Certifcate of Status Desired	Fee	Required
City & Stat	te		City & State				6. Election Campaign Financing	\$5.0	May Be
23	•	28					Trust Fund Contribution	-	to Fees
Zip	Country		Zip	Col	untry	•	8. This corporation owes the current year In	tangible	
24	25	29		30			Personal Property Tax.	Yes	No
	9. Name and Address of Curre	nt Registe	ered Agent				10. Name and Address of New Registered	Agent	
		DIEGE! (NUETO		81	Name			
	LAW FIRM OF LAWRENCE J SI	PIEGEL (CHRID		82	Street Add	fress (P.O. Box Number is Not Acceptable)		
	ALMERIA AVENUE								
COF	VAL GABLES FL 33134				83	1			ļ
					84	City		85 Zip	Code
						,	FL FL	_	
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida	ı. Such change was a	uthorize	d by	the corporati	poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	intment as	egistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if	applicable. (NOTE	£: Registere	d Agen	nt signature requir	red when reinstating) DATE		
12.	OFFICERS AT			13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	PSTD		☐ DELETE	1.1 T	TLE			Change	Addition
NAME	MADSEN, BERNHARDT			1.2 N	AME				ļ
STREET ADDRESS	370 CAMINO GARDENS BLVD	l		1.3 S	TREET	TADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33432-5808			1.4 0	TY-ST	T- ZIP			
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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.

SIGNATURE: