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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000081254 1. Corporation Name

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90013 005 ***150.00

LO-BO	NEWS, INC.			CARRICARA (RA PARRI ADELLARA) RA DEL ARDEL	láiði kniði knarð kladk alkið hkas lads
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Principal Plac	ce of Business	Mailing Address		I IDDIIBET ISU (BISCOICI) EBELL OBIIT I	(B18: 18:0) (10:0 10:0) B1:11 B101 (B1)
310 EAST DANIA BEACH BLVD. DANIA FL 33004 310 EAST DANIA BEACH B DANIA FL 33004			BLVD.	ļ	
				DO NOT WRITE IN T	HIS SPACE
- 	and the second s		لا يحديد المعيد لتراث با القياد الما المهجمين	3. Date Incorporated or Qualifed	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21 26			65-0614724	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional	
22			5. Certifcate 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	r Intangible
24	25	29	30	Personal Property Tax.	☐ Yes X No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	red Agent
- 100	MAR I G	NATA STA	81 Name	,	
LOOMAR, L.G. 2875 SOUTH UNIVERSITY DR.			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
DAV	/IE FL 33328		83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpose ion's board of directors. Thereby accept the ap	of changing its registered
office or r	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Such change was at	thorized by the corporati	ion's board of directors. I hereby accept the ap	pointment as registered
agent i a		ons of, Section 607 U505. Flor	tda Statutes		
_	an lamilia with and accept the congation	ons of, Section 607.0505, Fior	rda Statutes.		
agent. I a	Signature, typed or printed name of registered agent a		nda Statutes. Registered Agent signature require	ed when reinstating) DATE	·
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE:		ed when reinstating) (2000 DATE ADDITIONS/CHANGES TO OFFICERS	
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE:	Registered Agent signature require		
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND D MUZZONIGRO, CHARLES	and title if applicable. (NOTE:	Registered Agent signature require		AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent a OFFICERS AND D MUZZONIGRO, CHARLES 6989 N.W. 30TH AVENUE	and title if applicable. (NOTE:	Registered Agent signature require 13. 1.1 TITLE		AND DIRECTORS IN 12
SIGNATURE 12. IIILE NAME	Signature, typed or printed name of registered agent a OFFICERS AND D MUZZONIGRO, CHARLES 6989 N.W. 30TH AVENUE FT. LAUDERDALE FL 33309	and title if applicable. (NOTE: DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		AND DIRECTORS IN 12 Change Addition
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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.

1-16.99 954-923-0668