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Mailing Address

PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000096540**1. Corporation Name

Principal Place of Business

PADGETT, SHAW & ASSOCIATES, P.A.

2511 PONCE SUITE 209	DE LEON BLVD	2511 P USITE	ONCE DE LEON BLV	/D					
CORAL GABL	FS FI 33134		GABLES FL 33134			DO NOT WR	ITE IN THIS SPA	ACE.	
US US					3. Date Incorporated				
			* • •			12/21/1995	•		
2. Principal	Place of Business	, 2a. Ma	illing Address			4. FEI Number		<u>'</u>	aliad Fa-
21		26	illing / iddi ooo	•					plied For
Suite, Apr	t # etc		ite, Apt. #, etc.		****	65-0631368			t Applicable
22	<i>L H</i> ₁ , 000.	þ	ite, Apr. #, etc.			5. Certificate of Status Desired	□ · >	8.75 A	
22 27			9 State				Fee Re	•	
23		\rightarrow	7 *			6. Election Campaign Financing	1 1	\$5.00	
	[28]				Trust Fund Contribution Added to Fees			Fees '	
Zip	Country	Zip	-	Country		8. This corporation owes the cur			_
24	25	29]		30		Personal Property Tax.			□No
	9. Name and Address of Curr	rent Registere	d Agent			10. Name and Address of New	Registered Age	nt	
eu.	AM DICHARD I	Control of the Control	الله الأراب الله	81	Name				
PACIACIA	AW, RICHARD L	194	•	82	Street Add	ress (P.O. Box Number is Not Accept	able)		
251	1 PONCE DE LEON BLVD	A. 1 1779				TOOS (1.0. DOX TECHNOLIS (10) ACCEPT			
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co	RAL GABLES FL 33134						組持的網路的		Mil Mil Hill
		:		84	City	THE PERSON NAMED OF THE PERSON OF	FI 8	5 * Zip' C	ode
11. Pursuan	t to the provisions of Sections 607.0	502 and 607.1	508. Florida Statutes	s, the above	-named corr	noration submits this statement for the	nurnose of char	ngina its r	registered
office or	registered agent, or both, in the Sta	te of Florida. S	uch change was au	thorized by	the corporati	poration submits this statement for the on's board of directors. I hereby acce	pt the appointme	nt as reg	istered
i son age ilisis Lon	am lamiliar with, and accept the obli	igations of, Sec	tion 607.0505, Flore	da Statutes.	•				
		<i>₩</i> ,2							
SIGNATURE		2 	alase e						·
	Signature, typed or printed name of registered a			_	t signature require	ad when reinstating) (1983)	DATE	DECTOR	· · ·
12.	Signature, typed or printed name of registered a OFFICERS	agent and title if appli AND DIRECTO	ORS	13.	t signature require	ADDITIONS/CHANGES TO OF	FICERS AND DI		
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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 assenting the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation of the receiver of the receiv

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP : * 1

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90001 002 ***150.00

Change

☐ Addition