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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600001507

1. Corporation Name

DUCLOS, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90063 048 ***150.00



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Principal Plac	e of Business	Mailing Addre	es						
13067 S.W. 112 STREET 1306			2 STREET			İ			
MIAMI FL 33186		MIAMI FL 33186				DO NOT WRITE IN THIS SPACE			
						DO NOT WRITE IN THIS SPACE			!
						3. Date Incorporated or Qualifed			ł
			44			01/05/1996 4. FEI Number	1 10-	unlind For	ł
2. Principal P	lace of Business	2a. Mailing A	Jaress			1 ·		plied For	ł
21		26				65-0632474		t Applicable	ļ
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.			5, Certifcate of Status Desired	T -	Additional equired	İ
22		27	 					·	
City & Stat	e	City & Sta	ite			=6. Election Campaign Financing		May Be	l
23		28				Trust Fund Contribution		to Fees	ł
Zip	Country	Zip		_ Cour	itry	8. This corporation owes the current year			l
24			29 30			Personal Property Tax.	Yes	□No	l
	9. Name and Address of Cu	rrent Registered Age	<u>nt</u>		nal 11	10. Name and Address of New Register	ed Agent		l
DUC	LOC MICHAEL				81 Name				l
	LOS, MICHAEL			- 1	82 Street Add	ress (P.O. Box Number is Not Acceptable)			l
	30 S.W. 220TH STREET								l
MIAI	VII FL 33170				83				ļ
				-	04 00		as Zio	Code	ł
					84 City	F	85 Zip	Code	İ
11 Pursuant	to the provisions of Sections 607.	0502 and 607.1508. F	orida Statutes.	the ab	ove-named con	poration submits this statement for the purpose	of changing its	registered	İ
office or t	registered agent, or both, in the St	tate of Florida. Such ch	nange was auth	orizeo	by the corporati	ion's board of directors. I hereby accept the ap	pointment as re	gistered	İ
agent. I a	m familiar with, and accept the ob	nigations of, Section of	77.0303, FIORIG	a Statu	les.				İ
SIGNATURE	Signature, typed or printed name of registered	I paget and title if applicable	(NOTE: PA	netared i	Agent signature requir	ed when reinstating) DATE			۱ -
12.		AND DIRECTORS	(1012.114	13.	gon ognatara rodan	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12	(11/0g
TITLE	PD		DELETE	1,1 7171	F	7.551110110101011111020 10 011 <u>15211</u> 0	Change	Addition	*
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CITY-ST-ZIP 14. 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.

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS