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PROFIT: CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600005997 1. Corporation Name

FLAMINGO HOME IMPROVEMENT, CORP

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90080 007 \*\*\*150.00



Principal Plac	ce of Business	Mailing Address					,			
2038 NW 2ND STREET MIAMI FL 33125		2038 NW 2ND STREET								
		MIAMI FL 33125				DO NOT WRITE IN THIS SPACE				
					<u> </u>			: IN THIS	SPACE	
					3	Date Incorporated or	Quanteo			
2. Principal F	Place of Business	2a. Mailing Address			- 4	01/19/1996 FEI Number	·	<del></del>	<del></del>	Applied For
21		26			•	65-0638675		۔ سید		Applied For Not Applicable
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.								Additional
22		27			5.	. Certifcate of Status I	Desired		7	Required
City & Star	te	City & State				, Election Campaign F	inancina		<del></del>	May Be
23		28			"	Trust Fund Contribut	-			to Fees
Zip	Country	Zip	Cou	intry	8	. This corporation owe		t vear Inta		
24	25	29	30		"	Personal Property Ta		•	Yes	□No
	9. Name and Address of Curr	ent Registered Agent		[	10	, Name and Address		gistered A	gent	
				81 Nai	ne			-	•	
VELUNZA, WILFREDO 2038 NW 2ND STREET				82 Stre	Street Address (P.O. Box Number is Not Acceptable)					
					Street Address (P.O. Box Number is Not Acceptable)					
MIAI	MI FL 33125			83						
				84 City	,				85 Zip	Code
44 Burayant	to the provisions of Parties - 607.05	500 and 607 4500 Flacilla Ctall 4						<u>FĻ</u>	<u> </u>	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblic	e of Florida. Such change was a	ithorized	I by the c	orporation's b	on submits this stateme loard of directors. I here	eby accept t	irpose of c the appoint	nanging i Iment as i	s registered registered
	1 1 0 0 0 0 0 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	raa Olale			•				
SIGNATURE		· I/JXXXXXX								
SIGNATURE	Signature, typed or printed name of registered ag		Registered	Agent signat	nerw berluper enu	reinstating)		DATE		
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.			reinstating) ADDITIONS/CHANGE	S TO OFFIC	CERS AND		
12.	Signature, typed or printed name of registered as OFFICERS A		_				S TO OFFIC	CERS AND	DIRECT	
12.	Signature, typed or printed name of registered as OFFICERS A P VELUNZA, BLANCA	ND DIRECTORS	13.	LE .			S TO OFFIC	CERS AND		
12.	OFFICERS A  P  VELUNZA, BLANCA 2038 NW 2ND STREET	ND DIRECTORS	13. 1.1 TIT 1.2 NA	LE .			S TO OFFIC	CERS AND		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A P VELUNZA, BLANCA	ND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	TLE ME REET ADDRE IY-ST-ZIP			S TO OFFIC	CERS AND	☐ Change	Addition
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6.4 CITY-ST-ZIP 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 copporation 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.

Date

Daytime Phone #