## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90113 022 \*\*\*150.00

## DOCUMENT # P9600009962 1. Corporation Name

LORRAINE ATHLETIC FORCE INC.



Principal Place	cipal Place of Business Mailing Address			† (BE()BE) NO (SUG BIN) PENN SPIN SPIN SENI SENI SENIO (SUG JENIO SUG JENIO				
4410 WEST 16 AVENUE 4410 WEST 16 AVENUE								
HIALEAH FL 33	The state of the s				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed				
					01/31/1996			
2 Principal Pl	ace of Rusiness	2a. Mailing Address			4, FEI Number	An	plied For	
2. Principal Place of Business 21 2480 N.W.2051. 2a. Mailing Address 22 26					`` <u>-   `</u>		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					<b>\$8.75</b> Additional		- ' '	
27					5. Certificate of Status Desired	Fee Re	quired	
City & State City & State					- 6. Election Campaign Financing	5.00	May Be	
23 Miami, +1. 28					Trust Fund Contribution	Added t	o Fees	
Zip Country Zip			•• ····		8. This corporation owes the current year Intangit		cn.	
24 33 (1	<u> </u>	29 30	ļ		Personal Property Tax.		No.	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
SAN	TANA, MARIA M		81		ria M. Santara			
	WEST 16 AVENUE			Street Addr	ress (P.O. Box Number is Not Acceptable) Servi	ے م	Corp	
	EAH FL 33012		83	10	<u> </u>		¥	
111712		•	63	7926	5 NW 12 Street #3	24		
	•		84	City	mi FL 85	' 깔	20de 3126	
44. Described to the statement for the number of changing its registered								
l office or m	office or registere that the control of both in the State of Florida, Such change was authorized by the corporation's board of directors. I necess accept the appointment as registered							
agent. I am familial part accept the obligations of, Section 607.0505, Florida Statutes.							ļ	
SIGNATURE SIgnature, Riper of priced name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DI			
TITLE	Pyfo /	☐ DELETE	1.1 TITLE		earer ii	enange	☐ Addition	
NAME	SANTANA, JESUS		1.2 NAME	1	sus Santang_ +		}	
STREET ADDRESS	4410 WEST 16 AVENUE	4	1.3 STREE	ADDRESS 2	4 80 NW 20 STREET		ł	
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-S		liani, F ( 33/42	سييب	Addition	
TITLE	VS	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME .	SANTANA, MARIA M	i	2.2 NAME	1 7	ing It. Santang			
STREET ADDRESS	4410 WEST 16 AVENUE	-	2.3 STREE	ADDRESS 0	400 NW 10 Sheet licum, F1 33/42			
CITY-ST-ZIP			2. 4 CITY-5	T-ZIP		05	D 6 delision	
TITLE		☐ DELETE	3.1 TITLE		Ц	Change	☐ Addition }	
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TITLE		☐ DELETE	4.1 TITLE		Ц	Criange		
NAME	•		4. 2 NAME					
STREET ADDRESS				ADDRESS				
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TITLE		☐ DELETE			L	onanyo		
NAME			6.2 NAME				ļ	
STREET ADDRESS			6.3 STREE	ADDRE\$S				

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, of the corporation of the c

**SIGNATURE:**