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. -

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90076 049 ***150.00

 Corporation 	MENT # P9600(OTHERS, INC.	0010249		•	
Principal Place of Business Mailing Address					- T 1881(88) 119 (81/8 81/11 88/11 98/11 98/11 88/11 88/11 88/11 91/11 88/11
23912 NENE CI LAND O' LAKE		23912 NENE CIRCLE LAND O' LAKES FL 34639			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 02/01/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For 59-3356962 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be
Zip 24	Country 25	Zip [3	Count	ry	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒No
	9. Name and Address of Curre		L		10. Name and Address of New Registered Agent
	DO, GERARDO R		8	1 Name	
) <u>a</u>	2 Street A	address (P.O. Box Number is Not Acceptable)	
23912 NENE CIR.			Ľ		
LAND O' LAKES FL 34639			8	13	
			8	4 City	FL 85 Zip Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut	thorized C	ov the corpor	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE		ANOTE S	Section of Ac	nont alemphuse so	guired when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A 12. OFFICERS AND DIRECTORS 13.				Leur sifuerrie (e	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	T	Change Addition
NAME	PARDO, GERARDO R		1.2 NAME	E	
STREET ADDRESS	CODAC NEWS CODOLS		1 .	EET ADDRESS	•
CITY-ST-ZIP	LAND O' LAKES FL 34639	•	1.4 CITY	J	,
TITLE	VD	☐ DELETE	2.1 TITLE		Change Addition
NAME	PARDO, BRAULIO G		2.2 N/MI	E .	

23912 NENE CIRCLE 2.3 STREET ADDRESS STREET ADDRESS LAND O' LAKES FL 34639 2.4 CTY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TIPLE TITLE PARDO, JUAN M 3.2 NAME NAME 23912 NENE CIRCLE 3.3 STREET ADDRESS STREET ADDRESS LAND O' LAKES FL 34639 3.4. CTY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition ĪD 4.1 TITLE TITLE PARDO, AL J 4.2 NAME NAME 23912 NENE CIRCLE 4.3 STREET ADDRESS STREET ADDRESS LAND O' LAKES FL 34639 TY-ST-ZIP CITY-ST-ZIP 5.1 TILE _____ Change ☐ Addition DELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRES STREET ADDRESS 5.4 CITY ST ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 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.

SIGNATURE: