## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jul 30, 1999 8:00 am Secretary of State

07-30-1999 90001 036 \*\*\*550.00

DOCUMENT # PO	96000016696

1. Corporation	Name	Paddo		Jau							
MENDOZ	A.INVEST	MENT GROUP	I, INC.	- ·		*		) included the fact of the state of the stat	A111 BA11 BA14	u nand brita de	na isua su 1881
Principal Place	of Business		Mailin	g Address				- I LOCKIBARI KEN TEKKI BIKKI BEKKI D	EKU BENK BAN	II SI <b>asa d</b> asi <b>a d</b> i	ING CONTROLLE
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US			US						DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified	3		
6 D/ 1 1 D/	-4.5		10- 14-	-0: 6 -1 -1				02/22/1996 4. FEI Number			Applied For
2. Principal Pla	ace of Busine	ess .	<del></del> 1	ailing Addre	<del>2</del> 88					<del>- +</del>	Not Applicable
Suite, Apt. #	t etc		26	ite, Apt. #,	etc			65-0645538			Additional
22	TOUR SE		27		0.0.			5. Certificate of Status Desired	<u></u> .	•	Required
City & State	· · · · · · · · · · · · · · · · · · ·			ity & State				6. Election Campaign Financing		\$5.0	0 May Be
23	+ 2 N		28					Trust Fund Contribution	L_		d to Fees
Zip	.`	Country	Zir	p		Country	7	8. This corporation owes the cur	rent year	_	
24		25	29		3	0	·	Intangible Personal Property.		Yes	No
	9. Name	and Address of Curr	ent Registere	ed Agent			T	10. Name and Address of New	Registered	d Agent	
LECKID	NO74 IOE					81	Name				
	)OZA, JOE ' SW 73 TE	:DD				82	Street Add	dress (P.O. Box Number is Not Accept	lable)		
	I FL 33183	:nn									
MINAM	I FL 33 163					83	1				
	••					84	City			85 Zi	p Code
									F		
11. Pursuant t	to the provisi egistered ag	ions of sections 607.0 ent, or both, in the St	502 and 607.1 ate of Florida.	1508, Florida Such chan	a Statutes; ge was aut	the above	named corporate	oration submits this statement for the ption's board of directors. I hereby acce	ourpose of the app	changing its pintment as	registered registered
SIGNATURE		ons of sections 607.0 ent, or both, in the Stath, and accept the ob				: Registered A		oration submits this statement for the ptition's board of directors. I hereby accending when reinstating)	DATE		
SIGNATURE	Signature, typed o	or printed name of registered a		oricable.	(NOTE	Registered A			DATE	ND DIREC	TORS IN 12
SIGNATURE	PD	or printed name of registered a	agent and title if app	oricable.		13.		equired when reinstating)	DATE		TORS IN 12
SIGNATURE	PD MENDOZA	OFFICERS	agent and title if app	oricable.	(NOTE	13. 1.1 TITLE 1.2 NAME	Agont signature red	equired when reinstating)	DATE	ND DIREC	TORS IN 12
SIGNATURE	PD MENDOZA 12517 SW	OFFICERS	agent and title if app	oricable.	(NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET	Agont signature red	equired when reinstating)	DATE	ND DIREC	TORS IN 12
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4. 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 ampowered 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.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 62/9 9 (30) 5960348

CR2E034 (5/99