PROFIL CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Kathorine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

DOCUMENT # P9600016809 1. Corporation Name

Jun 01, 1999 8:00 am Secretary of State 06-01-1999 90049 050 ***150.00

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rincipal Place of Business	Marling Ac							
7527 WEST	24" AVE	ENUE						
SUITE A	•				3. Date Incorporated or Qua	WRITE IN THI	S SPACE	
	FL 3301L	p			3. Date incorporated or City	214		
Principal Place of Business	2a. Mailing				4. FEI Number	1W	A	pplied For
same	26	same			105-070059	15	N	ot Applicable
Suite, Apt. #, etc.	Suite,	Apt. #, etc.			5. Certificate of Status Desir	ed []		Additional
	27				J. Corunacio C. Giz(GS 200)			equired
City & State	City &	State	***		6. Election Campaign Finan	icing 🖂	v	May Be to Fees
ZipCountry	28 Zip		- Country		- Trust Fund Contribution - 8.2 This corporation owes the	- current year li		
[25]	29	[30			Personal Property Tax.	, correctly our n	☐ Yes	EDAO
9. Name and Address of					10. Name and Address of N	lew Registered	d Agent	
DEAT FRANCE	•		81	Name				
OBERT FERNANDEZ 140 SW 182nd Way Embroke Pines, FL 33029			82 Street Addr		ess (P.O. Box Number is Not Ac	ceptable)		
4D SN 182na Wa	V							
bumbraya Dinac El	33029		83					
envioke rines, i			84	City		FI	85 Zip	Code
	007.0500	Florida Statutes	the above	roamed com	oration submits this statement fo	the purpose o	Changing its	registered
office or registered agent, or both, in the	he State of Florida. Such	change was auth	ronzed by	the comparatio	on's board of directors. I hereby	accept the appo	intment as re	gistered
agent. I am familiar with, and accept the	ne obligations of, Section	1 607.0303, FlOrida	a Stainres.			./ 40 //	7 O	
ENATURE IL MINUS RUZURUAZ					L.	$n \sim \lambda / \gamma$, ,	
Signature, typed of primary farms of reg	platered agent and the if applicable	. (NOTE: Ri	egistered Agen	signature require	d when reinstating)	198/1		
Signature, typed of printed name of rec OFFIC	observed agent and title if applicable CERS AND DIRECTORS		13.	ságnakurá raquira	d when reinstating) ADDITIONS/CHANGES TO			
Sylhature, typed of prinsed family free OFFIC PRESIDENT			13. 1.1 TITLE	s signature require			ND DIRECTO	DRS IN 12
PRESIDENT ROBERT FERNA	DERS AND DIRECTORS		13. 1.1 TITLE 12 NAME					
PRESIDENT E ROBERT FERNA EETADDRESS 540 SW 182 nd	CERS AND DIRECTORS		13. 1.1 TITLE 12 NAME 1.3 STREET	ADORESS				
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