## 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 Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90109 002 \*\*\*150.00

	MENT # P96000 ENE, INC.	0019697				88181 HBIB 18118 811	118 1811 1881 1881	
Principal Plac	ce of Business	Mailing Address				<b>de</b> re industria en		
10529 SANTA LAGUNA DR 10529 SANTA LAGUNA DR								
BOCA RATON		BOCA RATON FL 33428						
					DO NOT WRITE IN T			
					3. Date Incorporated or Qualifed			
-2. Principal Place of Business				02/29/1996 		Applied For		
21		26		65-0650149	<u> </u>	lot Applicable	_	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					Additional	
22		27			5. Certifcate of Status Desired	•	Required	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be		
23   Zip	Country	28		-4	Trust Fund Contribution		I to Fees	
24	Country 25	Zíp	Cou	าเหร	8. This corporation owes the current year		_/.	
<b>24</b> ]	9. Name and Address of Curre		10		Personal Property Tax.  10. Name and Address of New Registe	☐ Yes	<b>Q</b> ∕No	
		g.u.i.u.i.guii.		81 Name	10: Name and Address of New Registe	rea Agent		
	AINO, GIACOMO							
10529 SANTA LAGUNA DR			82 Street A	ddress (P.O. Box Number is Not Acceptable)		ļ		
BOC	CA RATON FL 33428		ŀ	83	, , , , , , , , , , , , , , , , , , ,			
			}	84 City		-   <b>-</b>		
			Ì		F	-1	Code	
agent. I a	m familiar with, and accept the obligation	ations of Section 697 0505. Florid	la Statu	by the corporates.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the at	ppointment as re	egistered =	
SIGNATURE	Signature, typed or printed name of registered ago	At and title if applicable. (NOTE: Re	egistered /		uired when reinstating) DATE	177		á
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE: Re	egistered /	gent signature req	2/6	AND DIRECTO	ORS IN 12	1/08/
SIGNATURE	Striature, typed or printed name of registered age OFFICERS AN	At and title if applicable. (NOTE: Re	egistered /	gent signature requ	uired when reinstating) DATE	177		111
SIGNATURE 12.	OFFICERS AND PIRAINO, GIACOMO	nt and title if applicable. (NOTE: Re	egistered / 13. 1.1 TiTI 1.2 NA	egent signature requ E	uired when reinstating) DATE	AND DIRECTO	ORS IN 12	111
12. TITLE NAME	OFFICERS AND PIRAINO, GIACOMO 10529 SANTA LAGUNA DR	nt and title if applicable. (NOTE: Re	13. 1.1 T/T/ 1.2 NA/ 1.3 STF	egent signature requests E  RE  EET ADDRESS	uired when reinstating) DATE	AND DIRECTO	ORS IN 12	2F034 (11
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	OFFICERS AND PIRAINO, GIACOMO	nt and title if applicable. (NOTE: Re	13. 1.1 T/T/ 1.2 NA/ 1.3 STF	gent signature requests E E EET ADDRESS (-ST-ZIP	uired when reinstating) DATE	AND DIRECTO	ORS IN 12	111
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND PIRAINO, GIACOMO 10529 SANTA LAGUNA DR	off and title if applicable. (NOTE: Re	1.1 TiTl 1.2 NA 1.4 CIT	E tE EET ADDRESS (-ST-ZIP)	uired when reinstating) DATE	AND DIRECTO	ORS IN 12	2F034 (11
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND PIRAINO, GIACOMO 10529 SANTA LAGUNA DR	off and title if applicable. (NOTE: Re	13. 1.1 TITI 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAM	E tE EET ADDRESS (-ST-ZIP)	uired when reinstating) DATE	AND DIRECTO	ORS IN 12	2F034 (11
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #