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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000020137** 1. Corporation Name

Principal Place of Business

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90078 015 ***150.00

TEXPO, II	NC.		_					
Principal Place	of Business	Mailing Address				•••••		
9324 S.W. 151 A		9324 S.W. 151 AVENUE			()			
MIAMI FL 33196 MIAMI FL 33196					DO NOT WE	RITE IN THIS	SPACE	_
					3. Date Incorporated or Qualife	d		
					03/05/1996			
		2a. Mailing Address			4. FEI Number	· ·	Appl	ied For
2. Principal Pla	ace of Business	<u>├</u> ¬			65-0650235			Applicable
21	1	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Ad	
Suite, Apt. #	r, etc.	27			5. Certificate of Status Desired		- Fee Req	——
City & State		City & State			6. Election Campaign Financin	g _[] .	\$5.00 M	· .
	•	28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the co	urrent year Into	angible	⊒No
24	25		30		Personal Property Tax.	D. Jakanad		
24	9. Name and Address of Curren	t Registered Agent			10. Name and Address of Nev	v Registered	Agent	
			81	Name				
	JELLO, PATRICIA		82	Street Addr	ress (P.O. Box Number is Not Acce	ptable)		
	S.W. 151 AVENUE				July 1980 A Company of the Company o	The state of the s	1941 E. 1983 HES. 1	1011 17 \$1 1881
MAM	N FL 33196		83		一 一 经总额 特許教		於福麗縣	對對對
			84	City			85 "Zip C	ode
						<u> </u>	• <u> </u>	
2		a contacto Florida Chabata	on the above	named corr	poration submits this statement for t	he purpose of	changing its i	egistered
	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga						ntment as reg	registered istered
	Signature, typed or printed name of registered age	ont and title if applicable. (NOTE:	Registered Age		ed when reinstating)	DATE		
	Signature, typed or printed name of registered age OFFICERS AN	ont and title if applicable. (NOTE:	Registered Age		ed when reinstating) ADDITIONS/CHANGES TO	DATE		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ont and title if applicable. (NOTE:	13.		ed when reinstating)	DATE	ND DIRECTOR	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN P ARGUELLO, ROGER A	ont and title if applicable. (NOTE:	13. 1,1 TITLE 1.2 NAME	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN P ARGUELLO, ROGER A 9324 S.W. 151 AVENUE	ont and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME	P ARGUELLO, ROGER A 9324 S.W. 151 AVENUE MIAMI FL 33196	ont and title if applicable. (NOTE: ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIRECTOR	RS IN 12
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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:

PATELOCA ARGUEllo 01-14-99