## 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

## DOCUMENT # POGOCO31089

1. Corporation	Name OA COMPANY		1003				
Principal Place	of Business	Mailing Address			<del></del>	7	
	1804 BAYLOR CIRCLE DRLANDO FL 32817-2507		8604 BAYLOR CIRCLE ORLANDO FL 32817-2507				
						3. Date 04/0	
2. Principal Pl	ace of Business	2a. Mailing A	ddress			4. FEI N	
21		26				59-3	
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.			5. Certife	
City & State		City & St	ate			6. Election	
23		28				Trust	
Zip 24	Country 25	Zip	30	Country		8. This o	
	9. Name and Address of Cur	rent Registered Age	ent			10. Name	
				81	Name		
ROMERO-BARRETT, AWILDA 8604 BAYLOR CIRCLE					Street Add	ress (P.O. Bo	
ORL	ANDO FL 32817-2507			83			
				1 1	I		

May 04, 1999 8:00 am Secretary of State

05-04-1999 90163 045 \*\*\*158.75

ANAWILI	DA COMPANY							
Principal Place	of Rusiness	Mailing Address				I MATTI MATAN ELIBO LIMIS DOLAS INTEN SESTI SENT		
•		8604 BAYLOR CIRCLE						
8604 BAYLOR CIRCLE ORLANDO FL 32817-2507  8604 BAYLOR CIRCLE ORLANDO FL 32817-2507								
		·				E IN THIS SPACE		
					3. Date Incorporated or Qualifed			
					04/04/1996			
2. Principal Pl	lace of Business	2a. Mailing Address			4, FEI Number	Applied For		
21		26			59-3508796	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22		27 City 8 Ctoto				<del></del>		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23	Country	Zip	Country		8. This corporation owes the currer			
Zip	r	29 3	¬ ´	1	Personal Property Tax.	nt year imangione □Yes <b>⊠</b> No		
24	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Re			
<del></del>	9. Name and Address of Culter	rogistered Agent	81	Name				
ROM	MERO-BARRETT, AWILDA		<b></b>					
	BAYLOR CIRCLE		82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
	ANDO FL 32817-2507		83		<del></del>			
				<u> </u>				
			84	City		FL 85 Zip Code		
44 Dungunt	to the applicant of Sections 607 050	2 and 607 1509 Florida Statutes	the abov	e-named come	oration submits this statement for the p	urpose of changing its registered		
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autitions of, Section 607.0505, Florid	norized by a Statutes	the corporations.	oration submits this statement for the pon's board of directors. I hereby accept	the appointment as registered		
SIGNATURE						DATE		
	Signature, typed or printed name of registered ager		egistered Age	nt signature required	ADDITIONS/CHANGES TO OFF			
12.	V .	D DIRECTORS	1.1 TITLE		ADDITIONS/CITATOES TO CITE	Change Addition		
TITLE	V VASQUEZ, SILVIA		1.2 NAME					
NAME				T ADODECE		1		
STREET ADDRESS	8604 BAYLOR CIRCLE			T ADDRESS		i		
CITY-ST-ZIP	ORLANDO FL 32817	DELETE	1.4 CITY-5 2.1 TITLE	51-ZIP		☐ Change ☐ Addition		
TITLE	VACOUEZ BADIO				•			
NAME	VASQUEZ, BARIS	-	2.2 NAME	*		\		
STREET ADDRESS	8604 BAYLOR CIRCLE			TADDRESS	والمنافعة المنافعة ا			
CITY-ST-ZIP	ORLANDO FL 32817-2507	□ DELETE	2. 4 CITY-	ST-ZIP*		Change Addition		
TITLE	P. DOMEDO PADETE AWILDA	□ nerese	1					
NAME	ROMERO-BARETT, AWILDA 8604 BAYLOR CIRCLE		3.2 NAME	TADORESS		ļ		
STREET ADDRESS						}		
CITY-ST-ZIP	ORLANDO FL 32817-2507	DELETE	3.4. CITY- 4.1 TITLE	21-71 <sub>6</sub>	<u> </u>	☐ Change ☐ Addition		
TITLE		[						
NAME			4. 2 NAME	l l		Į.		
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP	<u> </u>		4.4 CITY-S	ST-ZIP	· <u> </u>	☐ Change ☐ Addition		
TITLE .			5.1 TITLE 5.2 NAME					
NAME								
STREET ADDRESS	· ´		1	T ADDRESS				
CITY-ST-ZIP	,i		5.4 CITY-9 6.1 TITLE	51-ZIP		☐ Change ☐ Addition		
TITLE		☐ DELETE	6.2 NAME					
NAME				ĺ				
STREET ADDRESS			6.3 STREE	T ADDRESS		)		

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 suppliemental 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZiP