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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P9600032427

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90160 019 \*\*\*150.00

| 1. Corporation                                                        | 1 Hallic                                                                         |                                 |                 |                                       |                        |                                                                                                        |                                               |                          |  |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------|-----------------|---------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------|--|
| THE LAS                                                               | ST TANGO, INC.                                                                   |                                 |                 |                                       |                        | I I MARILMAN HIM I MINU MINUH MANN MANN MANN MANN                                                      | i 2001 <b>0</b> 20 <b>0</b> 00 <b>1</b> 000   | (1811-1881-1881          |  |
|                                                                       |                                                                                  |                                 |                 |                                       |                        |                                                                                                        |                                               |                          |  |
| Principal Place                                                       | e of Business                                                                    | Mailing Address                 |                 |                                       |                        | T I TATELLE THE COURT DITH DOING DOTH DOING DAY                                                        | , (1111 <b>0</b> 11 <b>0</b> 11 <b>0</b> 1010 | {1 <b>4</b> 11 4001 1604 |  |
| 1501 MULBERRY DRIVE 1501 MULBERRY DRIVE TAMPA FL 33604 TAMPA FL 33604 |                                                                                  |                                 |                 |                                       |                        | DO NOT WRITE IN THIS                                                                                   | SPACE                                         |                          |  |
| US US                                                                 |                                                                                  |                                 |                 |                                       |                        | 3. Date Incorporated or Qualifed                                                                       | 31 AOL                                        |                          |  |
|                                                                       |                                                                                  |                                 |                 |                                       |                        | 04/10/1996                                                                                             |                                               |                          |  |
| 2. Principal Pl                                                       | lace of Business                                                                 | 2a. Mailing Address             |                 |                                       |                        | 4. FEI Number                                                                                          | Ar                                            | plied For                |  |
| 21                                                                    |                                                                                  | 26                              |                 |                                       |                        | 59-3389498                                                                                             |                                               | t Applicable             |  |
| Suite, Apt.                                                           | #, etc.                                                                          | Suite, Apt. #, etc.             | ¬ ' ' '         |                                       |                        | 5. Certifcate of Status Desired                                                                        | \$8.75 Additional Fee Required                |                          |  |
| City & State City & State                                             |                                                                                  |                                 |                 |                                       |                        | 6. Election Campaign Financing                                                                         | \$5.00                                        | , ,                      |  |
| 23                                                                    |                                                                                  | 28                              |                 |                                       |                        | Trust Fund Contribution Added to Fees                                                                  |                                               |                          |  |
| Zip                                                                   | Country                                                                          | Zip                             |                 | ıntry                                 |                        | 8. This corporation owes the current year Int                                                          | tangible<br>☑ Yes                             | □No                      |  |
| 24                                                                    | 9. Name and Address of Currer                                                    | 29 Agent                        | 30              | _                                     |                        | Personal Property Tax.  10. Name and Address of New Registered                                         |                                               |                          |  |
|                                                                       | 5. Name and Address of Curren                                                    | ii negisterea ngeni             |                 | 81                                    | Name                   |                                                                                                        |                                               |                          |  |
| RODRIGUEZ, ROBERT E                                                   |                                                                                  |                                 |                 | 82                                    | Street Addr            | dress (P.O. Box Number is Not Acceptable)                                                              |                                               |                          |  |
| 1501 MULBERRY DRIVE<br>TAMPA FL 33604                                 |                                                                                  |                                 |                 | 83                                    |                        |                                                                                                        |                                               |                          |  |
| i Mai                                                                 | FA 1 L 33004                                                                     |                                 |                 | 03                                    |                        |                                                                                                        | . ,                                           |                          |  |
|                                                                       |                                                                                  |                                 |                 | 84                                    | City                   | FL                                                                                                     | 85 Zip                                        | Code                     |  |
| 11. Pursuant                                                          | to the provisions of Sections 607.050                                            | 02 and 607.1508, Florida Statu  | ites, the a     | bove                                  | e-named corp           | oration submits this statement for the purpose of<br>on's board of directors. I hereby accept the appo | changing its                                  | registered               |  |
| office or re<br>agent. I a                                            | egistered agent, or both, in the State<br>m familiar with, and accept the obliga | ations of, Section 607.0505, Fl | orida Stat      | utes.                                 |                        | on a sound of directors. I morely decept the appe                                                      |                                               |                          |  |
| SIGNATURE                                                             |                                                                                  | (10)                            | E. Danistana    | 4 4                                   | at algorithms together | d when reinstating) DATE                                                                               |                                               |                          |  |
| 12.                                                                   | Signature, typed or printed name of registered age<br>OFFICERS At                | ND DIRECTORS                    | 13.             | ı Ayen                                | it signature require   | ADDITIONS/CHANGES TO OFFICERS A                                                                        | ND DIRECTO                                    | ORS IN 12                |  |
| TITLE                                                                 | D                                                                                |                                 |                 | 1.1 TITLE                             |                        |                                                                                                        | Change                                        | ☐ Addition               |  |
| NAME .                                                                | RODRIGUEZ, ROBERT E                                                              | DRIGUEZ, ROBERT E 128           |                 | AME                                   |                        |                                                                                                        |                                               |                          |  |
| STREET ADDRESS                                                        | oo i moebeliii i biii e                                                          |                                 | 1.3 \$          | TREET                                 | T ADDRESS              |                                                                                                        |                                               |                          |  |
| CITY-ST-ZIP                                                           | TAMPA FL 33604                                                                   |                                 |                 | TY-S                                  | T-ZIP                  |                                                                                                        |                                               | C Addition               |  |
| TITLE                                                                 |                                                                                  | ☐ DELETE                        | 2.1 TI          |                                       |                        |                                                                                                        | ☐ Change                                      | ☐ Addition               |  |
| NAME                                                                  |                                                                                  |                                 | 2.2 NAM         |                                       |                        |                                                                                                        |                                               |                          |  |
| STREET ADDRESS                                                        |                                                                                  |                                 |                 |                                       | ADDRESS                |                                                                                                        |                                               |                          |  |
| CITY-ST-ZIP                                                           | ,                                                                                | DELETE                          |                 | ITY-S                                 | ST-ZIP                 |                                                                                                        | Change                                        | ☐ Addition               |  |
| TITLE                                                                 |                                                                                  |                                 | 3.1 TO<br>3.2 N |                                       |                        |                                                                                                        |                                               | _                        |  |
| NAME<br>STREET ADDRESS                                                |                                                                                  |                                 | - 1             |                                       | T ADDRESS              |                                                                                                        |                                               |                          |  |
| CITY-ST-ZIP                                                           |                                                                                  |                                 |                 | OTY-S                                 | Į.                     | _                                                                                                      |                                               |                          |  |
| TITLE                                                                 |                                                                                  | ☐ DELETE                        | 4.1 T           |                                       |                        |                                                                                                        | ☐ Change                                      | ☐ Addition               |  |
| NAME                                                                  |                                                                                  |                                 | 4.21            | NAME                                  |                        |                                                                                                        |                                               |                          |  |
| STREET ADDRESS                                                        |                                                                                  |                                 | 4.3 S           | TREET                                 | T ADDRESS              |                                                                                                        |                                               |                          |  |
| CITY-ST-ZIP                                                           |                                                                                  |                                 |                 | iTY-S                                 | T-ZiP                  |                                                                                                        | C Character                                   | Addistant                |  |
| TITLE                                                                 |                                                                                  | ☐ DELETE                        | 5.1 TITLE       |                                       |                        |                                                                                                        | Change                                        | Addition                 |  |
| NAME                                                                  |                                                                                  |                                 | 5.2 N           |                                       | T ADDOCCO              |                                                                                                        |                                               |                          |  |
| STREET ADDRESS                                                        |                                                                                  |                                 |                 | 5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |                        |                                                                                                        |                                               |                          |  |
| CITY-ST-ZIP                                                           |                                                                                  | 5.5 DELETE 6:                   |                 |                                       | 1-ZIP                  |                                                                                                        | Change                                        | [ ] Addition             |  |
| TITLE                                                                 |                                                                                  |                                 | 6.2 N           |                                       |                        |                                                                                                        | 390                                           |                          |  |
| NAME                                                                  |                                                                                  |                                 |                 |                                       | T ADDRESS              |                                                                                                        |                                               |                          |  |
| STREET ADDRESS                                                        | 1                                                                                |                                 | 033             | TICE                                  | - ADDINESS             |                                                                                                        |                                               |                          |  |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 985 7793