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PROFIT '
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600034904

1. Corporation Name

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90080 003 ***150.00

TEXELOGIE INC.									
Principal Place	o of Pusiness	Mailir	ng Address				-{	1481 44414 14	ARRE BONES BLOS FORE
210 174 ST. APT. 1203 210 174 ST. APT. 1203									
NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160									
							DO NOT WRITE IN THIS S	SPACE	
			`	1			3. Date Incorporated or Qualifed		ļ
				1			04/22/1996		
2. Principal P	lace of Business		lailing Andress		, ,	7 3	4. FEI Number	\vdash	Applied For
21		26 /	· 0. 00	<u> </u>	60	30220	65-0685114		Not Applicable
Suite, Apt.	#, etc.	⊢ —	uite, Apt. #, etc.				. 5. Certificate of Status Desired		5 Additional
22		27	A COLUMN		-		· · · · · · · · · · · · · · · · · · ·	, 66	Required
City & Stat	e		State	I	la		6. Election Campaign Financing		May Be
Zip	Country	28 /	1401111	COU	intry	<u> </u>	Trust Fund Contribution		d to Fees
	25	<u> </u>	オオルイズ	30	77.	5A_	This corporation owes the current year Inta Personal Property Tax.	ngible □Yes	□No
24	9. Name and Address of Current	29	red Agent	1301	7	//\	10. Name and Address of New Registered A		
	J. Namo and Address of Carrent	. 1(agistoi	ed Agent		81	Name	Tot Indian and Addition		
VERZURA, VITO									
210 174 STREET, APT. 1203 MIAMI FL 33160					82 Street Address (P.O. Box Number is Not Acceptable)			}	
				į	83				
2-a .					84	City	····· FL	85 Zi	p Code
office or r	to the provisions of Sections 607 0502	of Florida.	Such change was a	authorized	d by t	the corporation	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoin	thanging	its registered registered
SIGNATURE									ì
	Signature, typed or printed name of registered agent	t and title if ap	plicable. (NOTE	E: Registered	Agent	signature require	d when reinstating) DATE.		
12.	OFFICERS AND	DIRECT		13.		 -	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	P		DELETE	1.1 10	TLE.			Chang	e 🔲 Addition
NAME	VERZURA, CLAUDIO			1.2 NA	AME				1
STREET ADDRESS	210 174TH STREET, #1203	_		1.3 ST	TREET	ADDRESS			}
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3316	0			TY-ST	-ZIP			
TITLE				2.1 777	ΠE			<u> Пак</u>	
NAME			□ DELETE	- 1		-		☐ Chang	e
STREET ADDRESS			□ DECE IE	2.2 NA	AME	ļ		☐ Chang	e Addition
1	,		□ Dereie	2.2 NA 2.3 ST	AME TREET	ADDRESS		Chang	e Addition
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TITLE NAME STREET ADORESS	· · · · · · · · · · · · · · · · · · ·			2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST	AME TREET: TITY-ST TILE AME TREET:	r-ZIP			-
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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 employered 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:

SI ATUR CONTROL OF SIGNING OFFICER OR DIRECTOR

resident

(305) 682-8826 Daytime Phone #