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 # P9600053675

1. Corporation Name

ALL IMMIGRATION AND BUSINESS, INC.

					I the state of the section of the se
Principal Place of Business Mailing Address					
1025 S. SEMOF	RAN BLVD.	1025 S. SEMORAN BLVD.			
ste. 1093 Winter Park I	El 20702	STE. 1093 Winter Park FL 32792			DO NOT WRITE IN THIS SPACE
US =====	FL 32/32	US IIS			3. Date Incorporated or Qualifed
		• •			06/21/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
<u>.</u>		26			59-3387654 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
2	•	27			5, Certificate of Status Desired Fee Required
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be
23	•	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Intangible
24	25	29	10		Personal Property Tax.
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
	<u> </u>			81 Name	IRDANETA. SCHON R.
URDANETA, SIMON R				82 Street	Address (P.O. Box Number is Not Acceptable) BWd., STE 1093
425 S. CHIKASAW TR.					25 5. SEMORAN BWA, FILL 1073
STE. 305				$ ^{83} $ \mathcal{W}	INTER PARK.
ORLANDO FL 32825				84 City 85 Zip Code	
					FL 31792
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the a	bove-named	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Stat	utes.	braillor's board of directors. Thoroby accept the appointment as registered
	· · · · · ·				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered	Agent signature r	equired when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P URDANIETA, SINON R 1025 S. SEMOKAN BLVd; STE 1093 WINTER PARK, FL. 32792 Change Addition
TITLE	D	DELETE	1.1 TI		P. C. Addrion
NAME	URDANETA, SIMON R		1.2 N	AME	URDANGIA, SINCE DIE 1093
STREET ADDRESS	10600 BLOOMFIELD DRIVE 712		1.3 S	REET ADDRESS	1025 5. SEMORAN 1010 37 767
CITY-ST-ZIP	ORLANDO FL 32825		1.4 C	TY-ST-ZIP	WINTER PARK, PC. 32776
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	2.2 N		AME		
STREET ADDRESS			2.3 S	TREET ADDRESS	
CITY-ST-ZIP			2.40	ITY-ST-ZIP	
TITLE		DELETE 3.1		TLE	☐ Change ☐ Addition \
NAME			3.2 N	AME	
STREET ADDRESS			3.3 S	TREET ADDRESS	
CITY-ST-ZIP		•	3.4. C	ITY-ST-ŽIP	
TITLE		☐ DELETE	4,1 TI	ΠE	☐ Change ☐ Addition
NAME			4.2 N	AME	
STREET ADDRESS		ing the second of the second o	4.3 S	TREET AODRESS	
CITY-ST-ZIP			4.4 C	TY-ST-ZIP	
TITLE		☐ DELETE	5.1 TI	TLE	☐ Change ☐ Addition
NAME			5.2 N	AME	
STREET ADDRESS			5.3 S	TREET ADDRESS	
CITY-ST-ZIP	{		5.4 C	TY-ST-ZIP	
TITLE		☐ DELETE	6.1 TI	TLE	☐ Change ☐ Addition
AIAME			6.2 N	AME	

e not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered. 14. I hereby certify that the information supplie indicated on this annual report or supplies officer or director of the corporation of the Block 12 or Block 13 if changed, of on an analysis of the corporation of the supplies that the block 12 or Block 13 if changed, of on an analysis of the corporation of the corpo

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PICER OR DIRECTOR