## 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 #** P96000055465

1. Corporation Name

LOOMIII	DU & ASSUCIA	LO, INO.										
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Principal Plac	ce of Business	<del>,</del>	Mailir	ng Address			<del></del>		i idiil diin obin da			E ENER EN INC
1810 NE 153 ST 1810 NE 153RD ST								1	•			,
NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 331					33162							
US US									DO NOT WRIT	E IN THIS	SPACE	
								3. Date Incorporat	ted or Qualifed	-	<u></u>	
	•							07/01/1996				
2. Principal F	Place of Business	i ·	2a. M	lailing Address				4. FEI Number			Ap	plied For
21			26					65-0679342	•		No	t Applicable
Suite, Apt	t. #, etc.		St	uite, Apt. #, etc.							\$8.75	Additional
22	•	;	27	•				5. Certifcate of Sta	atus Desired	Ϋ,,	Fee Re	equired
City & State			. c	City & State				6. Election Campa	ign Financing		\$5.00	May Be
23			28	28				Trust Fund Con	•		Added t	
Zip Country			Zi	Zip Country				8. This corporation	owes the curre	ent year Int	angible	
24	25		. 29	30				Personal Prope		•	<b>⊈</b> Yes	□No
	9. Name and Ad	dress of Current	Register	ed Agent				10. Name and Add	iress of New R	egistered	Agent	
CAG	ST, LOUIS F			THE STATE OF THE S		81 Na	me					
		85, S.O.				<b>82</b> Str	eet Addre	ss (P.O. Box Number	is Not Accepta	ble)		
MIAMI FL 33165				83			<del></del>		era de era a el come de la come d	1 7 1 2 2 3 7 .	*	- mark - pro- 12 (1)
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11 Pursuant	t to the provisions of S	ections 607 0502	and 607	1508 Florida Statu	toe the al	20Ve-par	ned como	ration cubmits this eta	tement for the		changing ite	registered
office or	t to the provisions of S registered agent, or be am familiar with, and a	oth, in the State of	Florida.	Such change was a	authorized	by the	corporation	n's board of directors.	hereby accep	t the appoi	ntment as re	gistered
	am iaminar with, and a	iccepi ine oblidatio	ms or se									
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-	10	111 F.	and title if app	pikable. (NOTI			ture required	when reinstating)  ADDITIONS/CHA	ANGES TO OFF	DATE ICERS AN	/-O/-9	99 RS IN 12
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SIGNATURE	Signature, typed or printed n	ame of registered agent	and title if app	pikable (N6TI	E: Begistered	Agent signa	iture required					
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90008 044 \*\*\*150.00