## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # P9600056443 (0)

STELO CORPORATION

Mailing Address

## **FILED** May 01 1997 8:00am Secretary of State



6070 RAVENSWICKE TER DAVIE FL 33331		8070 RAYENSWICKE TER Dayle FL 33331-3400				
				3. Date Incorporated or Qualified 07/01/1996	3a. Date of La	st Report
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
1		26				Not Applicable
Suite, Apt. (	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
<b>Z</b> ip ! <b>4</b>	Country 25	Ζφ <b>29</b>	Country 30		Yes M No	ers. 199.032,
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Re	gistered Agent	
PAR	DO, CARMEL RICHARD		81 Name			
	) rävenswicke ter IE FL 33331		82 Street Ad	dress (P.O. Box Number is Not Acceptab	ole)	
			83			
			84 City		FL [ ]	Zip Code
office or re agent. La	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change was a oligations of, Section 607.0505, Florida	authorized by the corpor orida Statutes.	rporation submits this statement for the pation's board of directors. I hereby accept	ot the appointmen	t as registered
SIGNATURE	Signature, typed or printed name of registered	Level and the Heavinghia (NOT)	E: Registered Agent signature reg	uded when reinstaling)	DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		TORS IN 12
TILLE	PD	DELETE	1.1 TITLE		Char	
NAME	PARDO, CARMEL RICHARD	<del></del>	1.2 NAME			
	6070 RAVENSWICKE TER		1.3 STREET ADDRESS			
STREET ADDRESS	DAVIE FL 33331					
CITY- ST-7IF	VD	☐ DELETE	1.4 C/TY-ST-ZIP 2.1 TITLE		Chai	nge Additio
TITLE	PARDO, SABINE HENRY		22 NAME			
NAME	6070 RAVENSWICKE TER		2.3 STREET ADDRESS		We see	
STREET ADDRESS	DAVIE FL 33331			•		
City-St-7iP	DATE I C 60001	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Char	nge Additio
TITLE		L_J beter	3.2 NAME		<b></b>	
NAME						
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - S1 - 7IP		DELETE	3.4 CITY-ST-ZIP		Cha	nge Additio
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NAMÉ			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
Crty+St-ZiP		T I nevere	4.4 CITY-ST-ZIP		Cha	nge Additio
TITLE		DELETE	5.1 TITLE		U 016	ry√ (I rodilic
NAME			5.2 NAME			
STREET ADDRESS		1	5.3 STREET ADDRESS			
CHY-ST-ZIP			5.4 CITY-ST-ZIP			
THILE		☐ DELETE	8.1 TITLE		☐ Cha	nge 🔲 Additio
NAM{			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIF			6.4 CITY - ST - ZIP			

14. I do 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.

**SIGNATURE:**