## 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 # P9600056582

1. Corporation Name

DRUM FORCE CORP.

Principal Place of Business

Mailing Address

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90211 034 \*\*\*150.00



3700 S.W. 88 COURT 3700 S.W. 88 COURT MIAMI FL 33165 MIAMI FL 33165 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/01/1996 4 FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 43205M108tre W2 06 EH 65-0755282 Not Applicable 26 Suite Ant # etc \$8.75 Additional 5. Certifcate of Status Desired  $\Box$ Fee Required 27 22 City & State 6. Election Campaign Financing City & State \$5.00 May Be  $\subseteq$  $\mathcal{N}_{i}$ Added to Fees 28 Trust Fund Contribution Country Country This corporation owes the current year Intangible ☐ Yes Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FUENTES, WANDA D Street Address (P.O. Box Number is Not Acceptable) 3700 S.W. 88 COURT 4320CW 108M **MIAMI FL 33165** Zip Code City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE Addition **PCEO** 1.1 TITLE TITLE FUENTES, ETTIENNE JR. 1.2 NAME NAME 3700 S.W. 88 COURT 1.3 STREET ADDRESS 4320 SW10844 STREET ADDRESS Jami F1 33161 **MIAMI FL 33165** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 2.1 TITLE [ ] Change TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTY-ST-ZiP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE ☐ DELETE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP

14. hereby certify that the information supplied with this filling 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:

CR2E034 (11/98)