## 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 # P96000075484

1. Corporation Name

PUYA ENTERPRISES, INC.

## **FILED** May 27, 1999 8:00 am Secretary of State

05-27-1999 90002 050 \*\*\*150.00



L							IDI EBIRI DIBI EBBI	
Principal Place	e of Business	Mailing Address						
C/O 2420 NE 5TH AVE POMPANO BEACH FL 33064		C/O 2420 NE 5TH AVE POMPANO BEACH FL 33064			0.405			
					DO NOT WRITE IN THIS S	PACE		
			~~~		3. Date Incorporated or Qualified 09/09/1996			
2. Principal P	lace of Business	2a. Mailing Address	ailing Address		4. FEI Number		Applied For	
21		26			65-0698420		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional	
22		27		3. Certificate of Status Desired	Fee I	Required		
City & State		City & State	City & State		6. Election Campaign Financing	\$5.0	May Be	
23	28				Trust Fund Contribution	Adde	to Fees	
Zip	Country Zip Cou		Country		8. This corporation owes the current year Inter	gible		
24	25	29 3	10		Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	Registered Agent			10. Name and Address of New Registered A	gènt		
PUYA, ERNEST			81	Name				
			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	NE 5TH AVE							
PUM	IPANO BEACH FL 33064		83					
			84	City	FL	85 Zip	Code	
				L		<u> </u>		
office or r	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was aut	horized by	the corporat	poration submits this statement for the purpose of chicon's board of directors. I hereby accept the appoint	nent as	registered	
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOTE: E	Pagistarad Agar	t construction	red when reinstating) DATE			
12,	OFFICERS AN		13.	K algitatore rodon	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	-·-T		Change		
NAME	PUYA, ERNEST	_	1.2 NAME					
STREET ADDRESS	2420 NE 5TH AVE			ADDRESS				
	POMPANO BEACH FL 33064		14 CITY-S	- 1			İ	
CITY-ST-ZIP TITLE	7 0, 7.1.00	☐ DELETE	2.1 TITLE	-21		Change	Addition	
NAME			2.2 NAME	}	·	_ 0	_	
}			2.3 STREET	ADDOFFE			j	
STREET ADDRESS							\	
CITY-ST-ZIP		☐ DELETE	2.4 CITY-S	I-ZIP		Change	Addition	
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NAME			3.2 NAME				}	
STREET ADDRESS			3.3 STREET	1				
CITY-ST-ZIP		□ DELETE	3.4. CITY-S	T-ZIP		Chance	Addition	
TITLE	>-	☐ DETE IÉ	4.1 TITLE		ı	Change	Addition	
NAME			4.2 NAME	{				
STREET ADDRESS			4.3 STREET					
CITY-ST-ZIP			4.4 CITY-S	r-ZIP	<del></del>		51.00	
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME		;			
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP			5.4 CITY-S	r-ZIP				
TITLE :	. Δ	☐ DELETE	6.1 TITLE		1	Change	Addition	
NAME			6.2 NAME				}	
STREET ADDRESS			6.3 STREET	ADDRESS			{	
CITY-ST-ZIP		_	6.4 CITY-S	r-ZIP				

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 of 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:

FFICER OR DIRECTOR

CR2E034 (11/98)