PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000081233

1. Corporation Name

ECONOMY BEEPERS, CORP.

Principal	Place	of	Business	•

Mailing Address

ADDAG BUSH ATTUL BUTCHE

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90082 031 ***150.00



NORTH MIAMI FL 33167		NORTH MIAMI FL 33167						
					DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 10/01/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	I A	pplied For	
26		 1			65-0700930	N N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Additional	
27					5. Certificate of Status Desired	Fee R	equired	
City & State City & State					6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	Country	/	8. This corporation owes the current year Inti	angible	i	
4	25 29 30				Personal Property Tax. ☐ Yes ☐ No			
	9, Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		
			81	Name			·	
HERI	Nandez, arnardo		82	0 00	Iress (P.O. Box Number is Not Acceptable)			
1625	1 NW 11 STREET		02	Street Add	ress (P.O. Box Number is Not Acceptable)			
PEM	BROKE PINES FL 33028		83	1				
			84	City	FL	85 Zip	Code	
44 Dureuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abov	! re-named corr	poration submits this statement for the purpose of	changing its	s registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	f Florida. Such change was autl	horized by	the corporati	on's board of directors. I hereby accept the appoir	ntment as re	gistered	
SIGNATURE	•					•	Ţ	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Age	nt signature require	ed when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	HERNANDEZ, ARNARDO		1.2 NAME	İ				
STREET ADDRESS	16251 NW 11 STREET		1.3 STREE	TADDRESS	•		}	
CITY-ST-ZIP	PEMBROKE PINES FL 33028		1.4 C/TY-S	ST-ZIP	*			
TITLE		☐ DELETE	2.1 TITLE		,	☐ Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-		· . •			
TITLE		☐ DELETE	3.1 TITLE	31-21		Change	☐ Addition	
NAME			3.2 NAME				_ ,	
				T ADDRESS				
STREET ADDRESS	·							
CITY-ST-ZIP		DELETE	3.4. CFTY-5 4.1 TITLE	81-ZIP	10.00	Change	Addition	
TITLE								
NAME	•		4. 2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.4 CITY-S	ST-ZIP		Change	☐ Addition	
TITLE			5.1 TITLE 5.2 NAME			[_] Change		
NAME							ì	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS	協力を終めました。		6.3 STREE	TADDRESS			ļ	
CITY-ST-ZIP	AND THE RESERVE OF THE PARTY OF		6.4 CITY-5	ST-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 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:

