## 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 # P9600085961

<ol> <li>Corporation</li> </ol>	n Nai	me							
DURAME	X II	NC.							
Principal Place	e of E	Business	Mailing Address				00101 18101 <b>8</b>		414 <b>4</b> 7 14 <b>0</b> 1 1 <b>40</b>
8231 SW-9TH (	COUR		8231 SW 9TH COURT						
NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 3306					00 %	OT WRITE IN T	THIS SPA	CF	
			Pompano BE	SSF Delft	3. Date Incorporated or		1110 01 7		
			F1 33068	7501	01/01/1997				
2. Principal P	lace	of Business		. – .	<del></del>		•	App	plied For
21		 	26 6/00.5.	W15s	65-0723364			No	t Applicabl
Suite, Apt.	#, et	c.	Suite, Apt. #, etc.		5. Certifcate of Status D	esired			dditional
22		·	27		5. Cartificate of Citation 2			Fee Re	<del></del>
City & State	City & State		eity & State		·	6. Election Campaign Financing \$5.00 May E			-
23			38 Lwbwg	Country	Trust Fund Contributi				) Fees
Zip		Country	Zip 733068 3	^	This corporation owe:     Personal Property Ta		ar intangic ا 🗆		□No
24		25     Name and Address of Current		1	10. Name and Address				
	9.	Name and Address of Current	Negistered Agent	81 Name	10. Hanne and Admires	<u></u>			
BUS <sup>*</sup>	TAM	ANTE, ZOILA			(Table 1) Carlo Na				
8231 SW 9TH COURT				82 Street Ad	ldress (P.O. Box Number is No	it Acceptable)			
NOR	TH I	LAUDERDALE FL 33068		83					
								-	
				84 City			FL  85	5 Zip C	,ode
11. Pursuant	to th	e provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named co	prporation submits this stateme	nt for the purpos	se of chan	iging its	registered
office or r	eaist	ered agent, or both, in the State of miliar with, and accept the obligation	f Florida. Such change was auth	norized by the corpora	ation's board of directors. I here	aby accept the a	ippointme	nt as reç	jistereo
SIGNATURE			•··• •·, ••• ··· ··· ··· ··· ··· ··· ···						
SIGNATURE	Signa	sture, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature requ		DAT			
12.		OFFICERS AND		13.	ADDITIONS/CHANGE	S TO OFFICER		IRECTO Change	RS IN 12
TITLE	D		☐ DELETE	1.1 TITLE				Change	Addit
NAME		JSTAMANTE, MARIO		1.2 NAME					
STREET ADDRESS		31 SW 9TH COURT		1.3 STREET ADDRESS					
City-ST-ZiP		ORTH LAUDERDALE FL 33068		1.4 CITY-ST-ZIP				Change	Addit
TITLE	D	1071111177 7011 1	☐ DELETE	2.1 TITLE			Ш	Onlarige	
NAME		ISTAMANTE, ZOILA		2.2 NAME					
STREET ADDRESS		31 SW 9TH COURT	•	2.3 STREET ADDRESS					
CITY-ST-ZIP	INC	ORTH LAUDERDALE FL 33068	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	<del></del>		Change	☐ Addit
TITLE				3.1 IRLE 3.2 NAME			_		_
NAME				3.2 NAME 3.3 STREET ADDRESS					
STREET ADDRESS		I		3.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TITLE				Change	☐ Addit
NAME		m.,		4. 2 NAME				-	
STREET ADDRESS	ł	, ,		4.3 STREET ADDRESS					
CITY-ST-ZIP				4.4 CITY-ST-ZIP					
TITLE			☐ DELETE	5.1 TITLE				Change	Addit
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET ADDRESS					
CITY-ST-ZIP				5.4 CITY-ST-ZIP					
TITLE			☐ DELETE	6.1 TITLE	<u></u>			Change	☐ Addit
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET ADDRESS					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B/BOV 9

**FILED** 

Jun 25, 1999 8:00 am Secretary of State

06-25-1999 90003 029 \*\*\*550.00

Daytime Phone #