1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000100530**1. Corporation Name

**FLABIG CORPORATION** 

Principal Place of Business Mailing Address									
3862 HUNTERS ISLE 3862 HUNTERS ISLE									
ORLANDO FL 32837 ORLANDO FL 32837						DO NOT WRITE IN THIS	SPACE	:	
						3. Date Incorporated or Qualifed			
						12/12/1996			
2 Principal P	face of Business	2a. Mailing Address				4. FEI Number		App	lied For
21		26				59-3420091	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				· · · · · · · · · · · · · · · · · · ·	\$8.	75 Ac	dditional
22		27	27			5. Certificate of Status Desired	Fe	e Req	uired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			May Be
23		28			٠	Trust Fund Contribution		ded to	Fees
Zip	Country	Zip		untry		8. This corporation owes the current year In			_
24	25	29	30			Personal Property Tax.	☐ Yes	L	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent		
ANTONIO LI IIZ DOMANO				81 N	ame				1
ANTONIO LUIZ ROMANO				82 S	treet Addre	Address (P.O. Box Number is Not Acceptable)			
	2 HUNTERS ISLE								
UHL	ANDO FL 32837			83					}
				84 C	ity		85	Zip C	ode
				1	-	FL oration submits this statement for the purpose o	_		
agent. I a	ım familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Sta	tutes.		n's board of directors. I hereby accept the appo			
47	Signature, typed or printed name of registered age		13		nature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOF	RS IN 12
TITLE	PVTD	OFFICERS AND DIRECTORS		1.1 TITLE		ADDITIONOUS TO SELECT	Cha		Addition
	ROMANO, ANTONIO L	- ·					_	•	
NAME OTDEET ADDRESS				STREET ADD	DESS				
STREET ADDRESS	ORLANDO FL 32837								
CITY-ST-ZIP TITLE	SD SD	DELETE :					Chi	inge	☐ Addition
	LIDIA ROMANO	_			1				\
NAME STREET ADDRESS				2 NAME 3 STREET ADDRESS				ľ	
	ORLANDO FL			CITY-ST-ZI					
CITY-ST-ZIP TITLE	OTENIDO I E	☐ DELETE		TILE	-		Ch	inge	Addition
NAME				AME					
STREET ADDRESS			I	STREET ADO	ORESS				
CITY-ST-ZIP				CITY-ST-ZI					
TILE		DELETE:		TILE			☐ Cha	inge	Addition
NAME			4.2	NAME					
STREET ADDRESS			4.3 \$	STREET ADD	DRESS				
CITY-ST-ZIP				CITY-ST-ZIF					
TITLE		☐ DELETE		IIILE			Ch	ange	☐ Addition
NAME			5.2	NAME					ļ
STREET ADDRESS	}		5.3	STREET ADD	ORESS				}
CITY-ST-ZIP			5.4 (	CITY-ST-ZIF	,				
TITLE		☐ DELETE	6.1	TITLE			Ch	ange	☐ Addition
NAME			6.21	VAME	-				ļ
OTDEET ADDRESS	l english $\lambda$ . The		6.3	STREET ADD	DRESS				1

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 repetver or wustee 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:

CITY-ST-ZIP

407 - 8/29673 Daytime Phone #

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90182 014 \*\*\*158.75