**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700006562 1. Corporation Name

SANTANA, INC.

## May 29, 1999 8:00 am Secretary of State

05-29-1999 90019 029 \*\*\*\*\*8.75 05-29-1999 90019 030 \*\*\*150.00



									<b>4</b>	
Principal Place	e of Business	Mailin	Mailing Address					.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
20130 S.W. 79TH AVENUE MIAMI FL 33189		20130 S.W. 79TH AVENUE MIAMI FL 33189								
							DO NOT WRITE IN THIS SPACE			
						3.	Date Incorporated or Qualifed 01/23/1997			
Principal Place of Business 2a. Mailing Address					4.	FEI Number	Apr	plied For		
21	26						65-07385 <u>86</u>	Not	t Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5.	Certificate of Status Desired	<b>\$8.75</b> A Fee Red		
City & State			City & State			6	6. Election Campaign Financing \$5		May Be	
23	28					"	Trust Fund Contribution	Added to	- 1	
Zip	Country		Zip Country			8.	This corporation owes the current year	Intangible	_	
24	25	29	30	0			Personal Property Tax.	☐ Yes	□No	
9. Name and Address of Current Registered Agent						10.	10. Name and Address of New Registered Agent			
KLEIN, JEFFREY 6020 N.W. 61ST STREET PARKLAND FL 33067				8						
					82 Street Address (P.O. Box Number is Not Acceptable)					
				8	3					
				8-	4 City		FL 85 Zip Code			
office or n	to the provisions of Sections 607.1 egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida.	Such change was autroction 607.0505, Florida	a Statute	y the corpor s.	ation's or	n submits this statement for the purpose oard of directors. I hereby accept the app	of changing its pointment as reg	registered gistered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					ent signature rec			· · · · · · · · · · · · · · · · · · ·		
12.							ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	Addition	
TITLE	D DELETE		1.1 TITLE				[_] Change	Audition		
NAME	Orativate, ricex			1.2 NAME						
STREET ADDRESS % 20130 S.W. 79TH AVENUE				1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33189 1.4			1.4 CITY-	ST-ZIP					
TITLE			☐ DELETE	2.1 TITLE				☐ Change	Addition	
NAME				2.2 NAME	:					

STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP-2:4 CiTY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-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 or an attachment with an address, with all other like empowered.

Las Alexander SIGNATURE: