FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT COMPORATION ANNUÁL REPORT

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9700000 1820 PROJECTIONAL ONE INC.

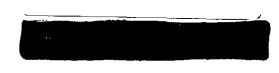
Principal Place of Business NI East 16 Place

2a. Mailing Address

Hialeah, Fla. 33010

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90148 032 ***150.00



DO NOT WRITE IN THIS SPACE				
Date Incorporated or Qualified	,			
, FEI Number		Applied For		

Not Applicat

Zip Code

Change

DA 🗌

 $\equiv 300$

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= 23.

21		26			Not Applicat
	Suite, Apt. #, etc.	Suite, Apt. #,	etc.	5, Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
	Zip Count	ry Zip	Country	a. This corporation owes or has paid th	ne current year Intangible
24	25	29	30	Personal Property Tax due June 30.	
Γ,	9. Name and Addr	ess of Current Registered Agent		10. Name and Address of New Regist	ered Agent
		/	81 Name	n · / /	

Domingo L. Bueno DI East 16 Place Higheah, Fla. 33010

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

3	WIEWT 16	Place	9
4	City Higleah	FL	85

330/6 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiliat with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE			9/2//
		egistered Agent signature req	
12.	/ OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.
TITLE	Pomingo L. Bueno DELETE	1.1 TITLE	Change Addi
NAME	Domingo L' Den	1.2 NAME	
STREET ADDRESS	WI Fast, 16 Place	1.3 STREET ADDRESS	
CITY - ST - ZIP	Higle 46 F/9. 33010	1.4 CITY - ST - ZIP	·
INTE	DELETE	2.1 TITLE	☐ Change ☐ Add
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
Cilir S1-ZiP	_ ,,,	2. 4 CITY - SI - ZIP	
THE	DELETE	3.1 TITLE	Change Aov
NAME		3.2 NAME	•
STREET ADDINGS		3.3 STREET ADDRESS	•
CITY - ST - ZIP		3.4. CITY-ST-ZIP	
THLE	DELETE	4.1 TITLE	Change Ad.
NAME		4.2 NAME	• •
STREET ADDRESS		4.3 STREET ADDRESS	•
City of an	1	A A CITY OF TIP	

5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP City - St - ZIP Change DELETE ung 6 1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP CITY-ST-ZIP

5.1 TITLE

DELETE

14. Thereby 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 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.

SIGNATURE:

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