Applied For

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable \$8.75 Additional

## 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 # P97000012109

1. Corporation Name

Suite, Act. #, etc.

City & State

23

24

Zip

AMASUA VARCHAN, INC.

| Principal P ace of Business                     | Mailing Address                                  |  |  |  |  |
|---|--|--|--|--|--|
| 600 S.W. 99TH AVENUE<br>PEMBROKE PINES FL 33025 | 600 S.W. 99TH AVENUE<br>PEMBROKE PINES FL 33()25 |  |  |  |  |
|   |  |  |  |  |  |
| 2. Principal Place of Business                  | 2a. Mailing Address                              |  |  |  |  |

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Suite, Apt. #, etc.

City & State

Zip

9. Name and Address of Current Registered Agent

Cour try

VARGAS, HERBERT E 600 S.W. 99TH AVENUE PEMBROKE PINES EL 33025

25

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90073 032 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

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

Election Campaign Financing

APPLIED FOR 65-0866198

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

01/31/1997 4. FEI Number

| Signature, Special or protected mix of l'registerand agent and tells if applicatable.  12. OFFICERS ANI) DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  MAD DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS  MAD CHANGES  MAD CHANGES TO OFFICERS  MAD DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS  MAD CHANGES  MAD CHANGES TO OFFICERS  MAD CHANGES TO OFFICERS  MAD CHANGES  MAD CHA | I LIMDITORE I INTO I E GOOZO |   |                               | 63            |               |  |  |                     |                     |                        |
|--|------------------------------|---|-------------------------------|---------------|---------------|--|--|---------------------|---------------------|------------------------|
| office or registered agent, or both, in the State of Florida, Such change was studiorized by the corporition's board of directors. I nereby accept the apironisment as registered agent agent, I am familiar with, and accept the obligation of, Section 607,0505, Florida Statutes.  Signature Registered agent and recept the obligations of, Section 607,0505, Florida Statutes.  12.   |                              |   |                               |               | ,             |  |  |                     |                     |                        |
| Signature, Special or protected mix of l'registerand agent and tells if applicatable.  12. OFFICERS ANI) DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  MAD DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS  MAD CHANGES  MAD CHANGES TO OFFICERS  MAD DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS  MAD CHANGES  MAD CHANGES TO OFFICERS  MAD CHANGES TO OFFICERS  MAD CHANGES  MAD CHA | office or re                 | edistered agent, or both, in the State of | Florida. Such change was auth | orized by     | the corp      | corporation submit<br>pration's board of c | s this statement for the purpose of tirectors. I hereby accept the app | of chang<br>pintmen | ing its<br>t as req | registered<br>gistered |
| 12. OFFICERS AND DIRECTORS  TITLE  WARD  VARGAS, HERBERT E.  12. MAME  VARGAS, HERBERT E.  13. STREET ADDRESS  FOR ST. 72P  VD  VARGAS, ANGELITA  GOO S.W. 99TH AVE.  PEMBROKE PINES FL 33025  TITLE  VARGAS, ANGELITA  GOO S.W. 99TH AVE.  22. MAME  VARGAS, ANGELITA  GOO S.W. 99TH AVE.  23. STREET ADDRESS  24. CITY-ST-2P  TITLE  WARD  33. STREET ADDRESS  34. CITY-ST-2P  TITLE  WARD  33. STREET ADDRESS  34. CITY-ST-2P  TITLE  WARD  33. STREET ADDRESS  34. CITY-ST-2P  TITLE  WARD  35. ADDITIONS/CHANGES TO OFFICER AND DIRECTORS IN 12  Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  WARD  TITLE  WARD  TITLE  WARD   | SIGNATUFE                    |   | d the Manufachia (NOT : Pa    | nintered Agen | t rigosture i | on ired when reinstation                   | DATE   |                     |                     |                        |
| DELETE   |                              |   |                               |               | i signature i |  | NS/CHANGES TO OFFICERS   | ND DIF              | RECTO               | RS IN 12               |
| VARGAS, HERBERT E. 600 S.W. 99TH AVE. 13 STREET ADDRESS PEMBROKE PINES FL 33025 11 ACITY-ST-ZIP WARGAS, ANGELITA WARGAS, ANGELITA 600 S.W. 99TH AVE. 22 NAME 8TREET ADDRESS | TITLE                        |   |                               | 1.1 TITLE     |               | C  |  |                     | hange               | Addition               |
| STREET ADDRESS   600 S.W. 99TH AVE.   13 STREET ADDRESS   1.4 CITY-ST-ZIP  | 1                            | •   |                               | 1 2 NAME      |               |  |  |                     |                     | ,                      |
| PEMBROKE PINES FL 33025  | i                            | -   |                               | 1.3 STREET    | ADDRESS       | :  |  |                     |                     |                        |
| TITLE VD DELETE 21 TITLE   | 1                            | •   |                               | 1.4 CITY-S    | r-ZIP         |  |  |                     |                     |                        |
| STREET ADDRESS   PEMBROKE PINES FL 33025   2.4 CITY-ST-ZIP   | TITLE                        | <del></del>                               | ☐ DELETE                      | 2.1 TITLE     |               |  |  |                     | hange               | Addition               |
| STREET ADDRESS   PEMBROKE PINES FL 33025   2.4 CITY-ST-ZIP   | NAME                         | VARGAS, ANGELITA                          |                               | 2.2 NAME      |               |  |  |                     |                     |                        |
| TITLE  | STREET ADDRESS               |   |                               | 23 STREET     | ADDRESS       |  |  |                     |                     |                        |
| STREET ADDRE SS   STREET ADDRESS   STR   | CITY-ST-ZIP                  | PEMBROKE PINES FL 33025                   |                               | 2. 4 CITY-S   | T-ZiP         |  |  |                     |                     |                        |
| 3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   | TILE -                       |   | DELETE -                      | -3.1-ffTLE    | -             | F <del></del>                              |  |                     | hange               | . Addition             |
| 34. CITY-ST-ZIP  | NAME                         |   |                               | 3.2 NAME      |               |  |  |                     |                     |                        |
| DELETE   | STREET ADDRESS               |   | ·                             | 3.3 STREET    | ADDRESS       |  |  |                     |                     |                        |
| Addition   | CITY-ST-ZIP                  |   |                               | 3.4. CITY-S   | T-ZiP         |  |  |                     |                     |                        |
| Addition    | TITLE                        |   | ☐ DELETE                      | 4.1 TITLE     |               |  |  |                     | hange               | ☐ Addition             |
| A4 CITY-ST-ZIP   | NAME                         |   |                               | 4 2 NAME      |               |  |  |                     |                     |                        |
| DELETE   | STREET ADDRESS               |   |                               | 4.3 STREET    | ADDRESS       |  |  |                     |                     |                        |
| STREET ADDRESS   | CITY-ST-ZIP                  |   |                               | 4.4 CITY-S    | r-ZIP         |  |  |                     |                     |                        |
| STREET ADDRESS   | TITLE                        |   | ☐ DELETE                      |               |               |  |  | ΠC                  | hange               | Addition               |
| 5.4 CITY-ST-ZIP  | NAME                         |   |                               |               |               |  |  |                     |                     |                        |
| DELETE   | STREET ADDRESS               |   |                               | 5.3 STREET    | ADDRESS       |  |  |                     |                     |                        |
| 62 NAME  | CITY-ST-ZIP                  |   |                               |               | r-ZIP         |  |  |                     |                     |                        |
| 63 STREET ADDRESS 63 STREET ADDRESS 61 CITY-ST-ZIP 63 STREET ADDRESS   | TITLE                        |   | ☐ DELETE                      |               |               |  |  | ШС                  | nange               | ☐ Addition             |
| CITY-ST-ZIP 64 CITY-ST-ZIP   | NAME                         |   |                               |               |               |  |  |                     |                     |                        |
|  | STREET ADDRE 3S              |   |                               |               |               |  |  |                     |                     |                        |
| 14. Libereby contributes that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information   | CITY-ST-ZIP                  |   |                               |               |               | <br>                                       | (OV) Florida Ctatutan I furthers                                       | autific the         | at the i            | armotion               |

Country

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indicated on this annual report or supplied who are similar does not quarry in the exemption stated in Section 119.07(5)(f), Fiorica Statutes. 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 recuired 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR