Applied For

Not Applicable

## -- FILS NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P97000016049

1. Corporation Name

ALLAPATTAH ACCOUNTANT CONSULTANTS INC.

Principal Place of Business 2814 N.W. 17TH AVENUE

2. Principal Place of Business

MIAMI FL 33142

Mailing Address

2814 N.W. 17TH AVENUE MIAMI FL 33142

2a. Mailing Address

26

## FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90053 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02/17/1997

65-0796662

4. FEI Number

Suite, Apt. #, etc.					5. Certificate of Status Desired	<u>-</u> -	<b>\$8.75</b> Ac	
City & State City & State		ate			6. Election Campaign Financing		\$5.00	·
23 28					Trust Fund Contribution		Added to	
Zip Country Zip		Co	Country		8. This corporation owes the curre	ent year Int	angible	
					Personal Property Tax.	•	∐ Yes ¶	No
9. Name and Address of Current Registered Agent			T		10. Name and Address of New R	egistered		
RAMIREZ, JUAN E 2814 N.W. 17TH AVENUE MIAMI FL 33142			81 Name 82 Street Addres 83					
					ss (P.O. Box Number is Not Accepta	hle)	<del></del> _	
					55 () .O. DOX ((dilibo) to (100) to (000)		• .	
								-
				Cit.			85 Zip C	ode
			84	City		FL	.   `   `	
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 registered office or registered agent. I am fan fur risk, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE								
Signature, typed or printe	ed name of registered agent and title if applicable.			signature required		DATE	-   7	20 111 40
12.	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS A	Change	Addition
TITLE PD			TITLE				□ Change	Addition
NAME RAMIREZ, JUA			AME					}
STREET ADDRESS 2814 N.W. 171		1.3 5	TREET	ADDRESS			٠.	
CITY-ST-ZIP MIAMI FL 3314			CITY-ST	-ZIP			. Change	Addition
TITLE	L	DELETE 2.17	MILE				Change	
NAME .								ļ
STREET ADDRESS				ADDRESS	_	.5		
CITY-ST-ZIP				Γ-ZIP · -			Charas	- Addition
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NAME			VAME					
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NAME	-	<b>I</b>	NAME					
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TITLE			MILE				Change	Addition
NAME			NAME					
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CITY-ST-ZIP			CITY-ST	-ZIP				A.4392-
TITLE	[		MLE				☐ Change	☐ Addition i
NAME .			NAME					ļ
STREET ADDRESS		6.3 \$	STREET	ADDRESS	,			
CITY-ST-ZIP		6.4 (	CITY-ST		netion 440 07/3\(i) Florida Statutos I			

4. 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 informatic 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 eath; that I am an officer or director of the corporation or the receipter 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.

**SIGNATURE:** 

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3)5635 - 356 c