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PROFIT CORPORATION: ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700023072

1. Corporation Name

FAVENGO, CO.

| Apr 22, 1999 8:00 am |
|--------------------------------|
| Secretary of State |
| 04-22-1999 90052 048 ***150.00 |

| Principal Place | e of Business | Mailing Address | | - | " a (SANIMAN ISA IANIC IABSI ABSI BANI | ı abili abile işe | an 11316 ma tti | (8919 1)8) 149) | |
|---|--|--|--|--|---|-------------------|-------------------------------|----------------------------|-----------------|
| 1110 BRICKELL AVE 1110 BRICKELL AVE | | | | | | | | | |
| SUITE 430 SUITE 430 | | | | | DO NOT WEIT | E IN THIS S | DACE | | |
| MIAMI FL 33131-3199 MIAMI FL 33131-3199 | | | | | DO NOT WRITI | | PACE | | |
| US | and the same of th | US | | • | 03/10/1997 | >- | • | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | A | plied For | |
| 21 | 26 | | | | 65-0732582 | | N | ot Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | \$8.75 | Additional | |
| 22 | | 27 | | | 5. Certificate of Status Desired | | · Fee R | equired | |
| City & State City & State | | | | _ | 6. Election Campaign Financing | | \$5.00 | May Be | |
| 23 | <u> </u> | 28 | | | Trust Fund Contribution | <u></u> | Added | to Fees | |
| Zip | Country | Zip | Countr | У | 8. This corporation owes the curre | | | _ | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | | Yes | □No | |
| | 9. Name and Address of Current | Registered Agent | | -T v. | 10. Name and Address of New Re | gistered A | gent | | l |
| 041 | | • | 8. | 1 Name | | | | ł | |
| | AMA, LEA A. ESQ. | | 8: | 2 Street Add | Iress (P.O. Box Number is Not Acceptat | ole) | - | | |
|) | SE THIRD AVENUE | | | | | | | | |
| | E 400 | | 8: | 3 | | | ** | | |
| FUR | T LAUDERDALE FL 33316 | | 84 | 4 City | | | 85 Zip | Code | |
| | · | | | | | FL | <u>L.L.</u> | | |
| 11. Pursuant i | to the provisions of Sections 607.0502 | and 607.1508, Florida Statut | es, the abou | ve-named cor | poration submits this statement for the prior s board of directors. I hereby accept | ourpose of cl | nanging its ment as re | registered ! | 24. |
| agent. I ar | m familiar with, and accept the obligation | ons of, Section 607.0505, Flo | rida Statute | s. | | | | | |
| | | | | | | | | | |
| SIGNATURE | • | يند ان ب | | | | • | | | |
| | Signature, typed or printed name of registered agent | and title if applicable. (NOTE | : Registered Ag | | red when reinstating) | DATE | DIDECT | DDC (N. 42 | 100 |
| 12. | OFFICERS AND | and title if applicable. (NOTE) DIRECTORS | : Registered Ag | ent signature requir | red when reinstating) ADDITIONS/CHANGES TO OFF | ICERS AND | | | 100) |
| 12. | OFFICERS AND | and title if applicable. (NOTE | 13. | ent signature requir | | ICERS AND | DIRECTO | DRS IN 12 | (44/00) |
| 12. TITLE NAME | OFFICERS AND D HERNANDEZ, RICARDO | and title if applicable. (NOTE D DIRECTORS DELETÉ | 13. 1.1 TITLE | ent signature require | | ICERS AND | | | 034 (44/00) |
| 12. TITLE NAME STREET ADDRESS | OFFICERS AND D HERNANDEZ, RICARDO 10040 SOUTHWEST 146TH CO | and title if applicable. (NOTE D DIRECTORS DELETÉ | 13. 1.1 TITLE 1.2 NAME | ent signature requir | | ICERS AND | | | 25034 (44/00) |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND D HERNANDEZ, RICARDO 10040 SOUTHWEST 146TH COMMIAMI FL 33186 | and title if applicable. (NOTE DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREI | ent signature requir | | ICERS AND | Change | . Addition | CD05034 (44/00) |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | D HERNANDEZ, RICARDO 10040 SOUTHWEST 146TH COMMIAMI FL 33186 D | and title if applicable. (NOTE D DIRECTORS DELETÉ | 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE | ent signature requir | | ICERS AND | | | CB2E034 (11/08) |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | D HERNANDEZ, RICARDO 10040 SOUTHWEST 146TH COMMIAMI FL 33186 D HERNANDEZ, JULIO | and title if applicable. (NOTE DIRECTORS DELETE URT | 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME | ert signature requir | | ICERS AND | Change | . Addition | CD25034 (11,00) |
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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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF