## 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 # P97000026784

1. Corporation Name

FOLITABLE FLINDING GROUP CORP

EGOTA	DEE I ONDING GINOOF COM		* .					1800 <b>818</b> 1 1881	
	· · · · · · · · · · · · · · · · · · ·								
Principal Plac	ce of Business	Mailing Address		•			************		
5950 W OAKLAND PARK BLVD #200 5950 W OAKLAND PARK B		3LVD #200					****		
LAUDERHILL FL 33313 LAUDERHILL FL 33313				DO NOT WE	NEC IN THE	ODA OF			
US US					Do NOT WH     Do NOT WH     Do NOT WH	RITE IN THIS	SPACE		1
					03/20/1997				
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	:	·	plied For	ļ
21 26				65-0734902			t Applicable	l	
		Suite, Apt. #, etc.	The state of the s				\$8.75		
22	<del></del>	27		<u> </u>	5. Certifcate of Status Desired			-tuditional equired —	_
City & State		City & State		6. Election Campaign Financing		\$5.00		l	
23		28		Trust Fund Contribution	' <b>-</b>	Added	•		
Žip	Country	Zip	Country	, .	8. This corporation owes the cu	rrent year Int	angible		1
24	25	29	30		Personal Property Tax.		Yes	□No	
	9. Name and Address of Current				10. Name and Address of New	Registered	Agent		
DED	ROSA, RICARDO		81	Name	•				
	B LANDING WAY		82	Street Addre	ess (P.O. Box Number is Not Accep	table)			
FT LAUDERDALE FL 33326				· · · · · · · · · · · · · · · · · · ·		200 A . 642.	Chi. N. C. Ca		
,,,	AUDENDALE I E 33320		83						
			84	City	7 (4 2 4 1 3 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4		85 Zip (	Code	
mach	State	25.35				FL	11 '		
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	' Florida. Such change was at	uthorized by	the corporation	oration submits this statement for the n's board of directors. I hereby acce	e purpose of ept the appoir	changing its ntment as re	registered gistered	
agent, I a	registered agent, or both, in the State of	' Florida. Such change was at	uthorized by	the corporation	oration submits this statement for the n's board of directors. I hereby acce	e purpose of ept the appoin	changing its ntment as re	registered gistered	
agent, I a	registered agent, or both, in the State of am familiar with, and accept the obligation.  . Signature, typed or printed name of registered agent a	Florida. Such change was at ons of, Section 607.0505, Flor and title if applicable. (NOTE:	uthorized by rida Statutes Registered Ager	the corporation.	n's board of directors. I hereby acce	DATE	ntment as re	gistered	
office or agent. I a SIGNATURE	registered agent, or both, in the State of am familiar with, and accept the obligation Stgnature, typed or printed name of registered agent a OFFICERS AND	r I orda. Such change was at ons of, Section 607.0505, Flor and title if applicable. (NOTE: DIRECTORS	uthorized by rida Statutes Registered Ager	the corporation.	n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OF	DATE	ntment as re	gistered RS IN 12	
office or agent. I a SIGNATURE	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent a OFFICERS AND PSTD	Florida. Such change was at ons of, Section 607.0505, Flor and title if applicable. (NOTE:	Registered Ager  1.1 TITLE	the corporation.	n's board of directors. I hereby acce	DATE	ntment as re	gistered	
office or agent. I a SIGNATURE  12.  TITLE  NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent a OFFICERS AND PSTD PEDROSA, RICARDO	r I orda. Such change was at ons of, Section 607.0505, Flor and title if applicable. (NOTE: DIRECTORS	Registered Ager  13. 1.1 TITLE 1.2 NAME	the corporation	n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OF	DATE	ntment as re	gistered RS IN 12	
office of agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State of am familiar with, and accept the obligation of registered agent at a State of registered agent at a STATE OFFICERS AND PSTD PEDROSA, RICARDO 1929 LANDING WAY	r I orda. Such change was at ons of, Section 607.0505, Flor and title if applicable. (NOTE: DIRECTORS	Registered Ager  13. 1.1 TITLE 1.2 NAME	the corporation.	n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OF	DATE	ntment as re	gistered RS IN 12	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of registered agent a OFFICERS AND PSTD PEDROSA, RICARDO 1929 LANDING WAY FT LAUDERDALE FL 33326	Florida. Such change was atons of, Section 607.0505, Floriand the if applicable. (NOTE: DIRECTORS	Registered Agent 13.  1.1 TITLE 1.2 NAME 1.3 STREE: 1.4 CITY-S	the corporation	n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	RS IN 12	
office or agent. I a agent. I a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent a OFFICERS AND PSTD PEDROSA, RICARDO 1929 LANDING WAY FT LAUDERDALE FL 33326 VP	r I orda. Such change was at ons of, Section 607.0505, Flor and title if applicable. (NOTE: DIRECTORS	Registered Ages  Registered Ages  1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	the corporation	n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	gistered RS IN 12	
office or agent. I a agent. I a agent. I a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent a OFFICERS AND PSTD PEDROSA, RICARDO 1929 LANDING WAY FT LAUDERDALE FL 33326 VP PIO, ROXANA	Florida. Such change was atons of, Section 607.0505, Floriand the if applicable. (NOTE: DIRECTORS	Registered Agen  13. 1.1 TITLE 1.2 NAME 1.3 STREE: 1.4 CITY-S 2.1 TITLE 2.2 NAME	the corporation it signature required  I ADDRESS I- ZIP	n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	RS IN 12	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	Florida. Such change was atons of, Section 607.0505, Floriand the if applicable. (NOTE: DIRECTORS	Registered Agen  13. 1.1 TITLE 1.2 NAME 1.3 STREE: 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE:	the corporation It signature required IT ADDRESS IT-ZIP	n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	RS IN 12	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent a OFFICERS AND PSTD PEDROSA, RICARDO 1929 LANDING WAY FT LAUDERDALE FL 33326 VP PIO, ROXANA	Plorida. Such change was atons of, Section 607.0505, Florend title if applicable. (NOTE: DIRECTORS DELETE	Registered Agen  Registered Agen  13.  1.1 TITLE 1.2 NAME 1.3 STREE: 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE: 2.4 CITY-S	the corporation It signature required IT ADDRESS IT-ZIP	n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO Change	RS IN 12 Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	Florida. Such change was atons of, Section 607.0505, Floriand the if applicable. (NOTE: DIRECTORS	Registered Ager  13.  1.1 TITLE 1.2 NAME 1.3 STREE: 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE: 2.4 CITY-S 3.1 TITLE	the corporation It signature required IT ADDRESS IT-ZIP	n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	RS IN 12	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	Plorida. Such change was atons of, Section 607.0505, Florend title if applicable. (NOTE: DIRECTORS DELETE	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T-ZIP TADDRESS T-ZIP	n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO Change	RS IN 12 Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	Plorida. Such change was atons of, Section 607.0505, Florend title if applicable. (NOTE: DIRECTORS DELETE	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREET 2.4 CITY-S 2.1 TITLE 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	IT ADDRESS TADDRESS TADDRESS TADDRESS TADDRESS	n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO Change	RS IN 12 Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	Florida. Such change was atons of, Section 607.0505, Floring and the if applicable. (NOTE: DIRECTORS   DELETE   DELETE	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 3.1 TITLE 3.4 CITY-S 3.1 TITLE 3.5 NAME 3.6 STREE 3.6 CITY-S	IT ADDRESS TADDRESS TADDRESS TADDRESS TADDRESS	n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of am familiar with, and accept the obligation of familiary of familiar with, and accept the obligation of familiar with accep	Plorida. Such change was atons of, Section 607.0505, Florend title if applicable. (NOTE: DIRECTORS DELETE	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE	IT ADDRESS TADDRESS TADDRESS TADDRESS TADDRESS	n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO Change	RS IN 12 Addition	
Office of i agent. I a agent. I a agent. I a service of i agent. I a service of i agent. I a agent. I a agent. I a agent. I agent	registered agent, or both, in the State of am familiar with, and accept the obligation of familiar with a comparison of familiar with, and accept the obligation of familiar with a comparison of fa	Florida. Such change was atons of, Section 607.0505, Floring and the if applicable. (NOTE: DIRECTORS   DELETE   DELETE	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP	n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition	
Office of i agent. I a agent. I a agent. I a service of it. I agent. I a service of it. I agent. I age	registered agent, or both, in the State of am familiar with, and accept the obligation of section of the state of the section of the state of the section of	Florida. Such change was atons of, Section 607.0505, Floring and the if applicable. (NOTE: DIRECTORS   DELETE   DELETE	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	It signature required  If ADDRESS T-ZIP  I ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS	n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition	
Office of i agent. I a agent. I a agent. I a agent. I a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of familiar with a comparison of familiar with, and accept the obligation of familiar with a comparison of fa	Florida. Such change was at ons of, Section 607.0505, Floring of applicable. (NOTE: DIRECTORS   DELETE   DELETE   DELETE   DELETE	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	It signature required  If ADDRESS T-ZIP  I ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS	n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition Addition	
Office of i agent. I a agent. I a agent. I a service of i agent. I a service of i agent. I a agent. I a agent. I a agent. I agent	registered agent, or both, in the State of am familiar with, and accept the obligation of familiar with a comparison of familiar with, and accept the obligation of familiar with a comparison of fa	Florida. Such change was atons of, Section 607.0505, Floring and the if applicable. (NOTE: DIRECTORS   DELETE   DELETE	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.1 TITLE	It signature required  If ADDRESS T-ZIP  I ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS	when reinstating).  ADDITIONS/CHANGES TO OF	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition	•
Office of it agent. I a agent. I a agent. I a agent. I a service of it. I agent. I a agent. I	registered agent, or both, in the State of am familiar with, and accept the obligation of familiar with a comparison of familiar with, and accept the obligation of familiar with a comparison of fa	Florida. Such change was at ons of, Section 607.0505, Floring of applicable. (NOTE: DIRECTORS   DELETE   DELETE   DELETE   DELETE	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition Addition	•
Office of i agent. I a agent. I a agent. I a agent. I a service of its agent. I a agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation of section of a complete control of the obligation of section of the obligation of the	Florida. Such change was at ons of, Section 607.0505, Floring of applicable. (NOTE: DIRECTORS   DELETE   DELETE   DELETE   DELETE	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 STREET 5.3 NAME 5.3 STREET 5.3 NAME 5.3 STREET	It signature required  If ADDRESS T-ZIP  If ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	when reinstating).  ADDITIONS/CHANGES TO OR	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition Addition	
Office of i agent. I a significant in agent. I ag	registered agent, or both, in the State of am familiar with, and accept the obligation of segments are considered agent and complete of the segment of the s	Plorida. Such change was at ons of, Section 607.0505, Flor and the if applicable. (NOTE: DIRECTORS   DELETE   DELETE   DELETE   DELETE   DELETE	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	It signature required  If ADDRESS T-ZIP  If ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	when reinstating).  ADDITIONS/CHANGES TO OF	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition Addition	
Office of i agent. I a agent. I a agent. I a agent. I a service of its agent. I a agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation of section of a complete control of the obligation of section of the obligation of the	Florida. Such change was at ons of, Section 607.0505, Floring of applicable. (NOTE: DIRECTORS   DELETE   DELETE   DELETE   DELETE	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 STREET 5.3 NAME 5.3 STREET 5.3 NAME 5.3 STREET	It signature required  If ADDRESS T-ZIP  If ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	when reinstating).  ADDITIONS/CHANGES TO OR	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	

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 pe

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90049 010 \*\*\*150.00