AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700040355

1. Corporation Name

ARTISTIC SEALING & CONSTRUCTION CORP.

<u> </u>	·						<u> </u>				
Principal Place of Business Mailing Address							t sentunds vite cater cants nates natis and	101110	(BI) EE	88 IFIB1 (11401 BENE 1804
13100 N.E. 3 CT. 13100 N.E. 3 CT. MIAMI FL 33161 MIAMI FL 33161						DO NOT WRITE IN THIS SPACE					
								nis :	SFAC		
							3. Date Incorporated or Qualifed				
0.00							05/06/1997				
Principal Place of Business Address Mailing Address							4. FEI Number	Applied For			
21 26			<u> </u>				65-0743850			Not	Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired				
City & State	•		City & State				6_Election.Campaign.Financing		_ \$ =		/lay Be
23		28					Trust Fund Contribution			dded to	
Zip	Country	- - ;	Zip	Count	try		8. This corporation owes the current year	r Inta	naihle		
24	25	29 30					Personal Property Tax.		☐ Ye		□No
	9. Name and Address of Curr	rent Registe					10. Name and Address of New Register	red A	aent		
— ——			-, -, -, -, -, -, -, -, -, -, -, -, -, -	8	31	Name					
ALFONSO, HUMBERTO D					4						
3280 W. PALM AVENUE					32	Street Addre	ss (P.O. Box Number is Not Acceptable)				
SUIT	E 8			L R	33						
HIAL	EAH FL 33014			{	~						
-				8	14	City		 =	85	Zip Co	ode
office or re	to the provisions of Sections 607.0 ogistered agent, or both, in the Stan familiar with, and accept the obli	ite of Florida	. Such change was aut	horized b	ov th	named corpo he corporation	ration submits this statement for the purpose i's board of directors. I hereby accept the ap	of ci	hangi	ng its re as regi	agistered stered
SIGNATURE											
	Signature, typed or printed name of registered a	<u> </u>			ent !	signature required					
12.	OFFICERS AND DIRECTORS DELETE			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE			☐ DELETE	1.1 TITLE		}			Ch:	ange	Addition Addition
NAME	ALFONSO, HUMBERTO D			1.2 NAME	Ε						
STREET ADDRESS	3280 W. PALM AVENUE, #8			1.3 STRE	ETA	ADDRESS					
CITY-ST-ZIP	HIALEAH FL 33014			1.4 CITY-	1.4 CITY-ST-ZIP						
TITLE	D DELETE			2.1 TITLE	2.1 TITLE				Cha	ange	Addition
NAME	TORRESO, JUAN N			2.2 NAME	Ε	ļ					
STREET ADDRESS	13100 NE 3 CT			2.3 STRE	ETA	VDDRESS					
CITY-ST-ZIP	MIAMI FL 33161			2, 4 CiTY-							
TITLE			DELETE	3.1:TITLE		~—— ——			☐ Ch	ange	Addition
NAME				3.2 NAME	_	1				9-5-	

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

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

HITTER ADDRESS

ST ZIP

DIT. ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

mle

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY+\$T-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

☐ Change

Change

Change

☐ Addition

☐ Addition

Addition

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90124 001 ***150.00

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