FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90183 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000045766

D'SORTI	S CORPORATION				
Principal Place of Business Mailing Address					1831 B1801 B1311 18818 B1310 B111 1851
3450 SW 130TH AVE 3450 SW 130TH AVE MIAMI FL 33175 MIAMI FL 33175				DO NOT WRITE IN	THIS SPACE
				DO NOT WRITE IN 1 3. Date Incorporated or Qualified	INIS SPACE
				05/22/1997	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 26			65-0754930	Not Applicable	
Suite, Apt. #, etc. Suite, A		Suite, Apt. #, etc.		_	\$8.75 Additional
22 27		27		5. Certifcate of Status Desired	Fee Required
City & State City &		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip [Country 30	 This corporation owes the current year Personal Property Tax. 	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent	Ţ.,,,	10. Name and Address of New Registe	red Agent
DAT	OTA DENE		81 Name		
BATISTA, RENE			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
3450 SW 130TH AVE					
MIAMI FL 33175			83		
			84 City		FL 85 Zip Code
office or r agent. I a SIGNATURE	registered agent, or both, in the State rn familiar with, and accept the oblig Signature, typed or printed name of registered ag	ations of, Section 607.0505, Flor	Inonized by the corporation ida Statutes. Registered Agent signature require	on's board of directors. I hereby accept the a	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BATISTA, RENE		1.2 NAME		
STREET ADDRESS	3450 SW 130TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, MARIA C		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			32NAME		
STREET ADDRESS		•	3.3 STREET ADDRESS		i
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP	,	☐ Change ☐ Addition
TITLE	·	□ D€TEIE	4.1 TITLE		
NAME .			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	1	□ verele	5.1 TITLE 5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change Addition
TITLE	I		■ ·· ···		

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP