

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90037 017 ***150.00

DOCUMENT # P97000049723

1. Corporation Name

CSE CONSULTANTS SERVICE FOR ENTREPRENEURS, INC.



Principal Place of Business

Mailing Address

2171 SHERWOOD DR
SUITE 1015
SOUTH DAYTONA BEACH F 32119
US

2171 SHERWOOD DR
SUITE 1015
SO DAYTONA BEACH FL 32119
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1997

4. FEI Number

65-0813328

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 273 PALM CASTLE DR
Suite, Apt. #, etc.
22 PORT ORANGE, FL.

26 273 PALM CASTLE DR
Suite, Apt. #, etc.
27 PORT ORANGE, FL

23 32127 U.S.A.
City & State
Zip Country

28 32127 U.S.A.
City & State
Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OCHOA, VICTOR HUGO	
STREET ADDRESS	2171 SHERWOOD DR	
CITY-ST-ZIP	SO DAYTONA BEACH FL 32119	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SOTELO, MYRIAM STELLA	
STREET ADDRESS	2171 SHERWOOD DR	
CITY-ST-ZIP	SO DAYTONA BEACH FL 32119	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OCHOA, HUGA ESTEBAN	
STREET ADDRESS	2171 SHERWOOD DR	
CITY-ST-ZIP	SO DAYTONA BEACH FL 32119	
TITLE	T	<input type="checkbox"/> DELETE
NAME	OCHOA, VICTOR ALEJAND	
STREET ADDRESS	2171 SHERWOOD DR	
CITY-ST-ZIP	SO DAYTONA BEACH FL 32119	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OCHOA, DANIEL ALBERTO	
STREET ADDRESS	2171 SHERWOOD DR	
CITY-ST-ZIP	S DAYTONA BEACH FL 32119	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VICTOR HUGO OCHOA 04/28/99 (904) 767-3094

CR2E034 (11/98)

0024793