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 # P97000057648

1. Corporation Name

May 04, 1999 8:00 am Secretary of State

05-04-1999 90160 027 ***150.00

COMPO	TEN CONTINUE CONFOR	ATION									
Principal Plac	e of Business	Mailing Add	dress					.4811 38111 38111 88111 891		1111 61861	1811 1881
212 VIA MILAN TERRACE DAVIE FL 33325 212 VIA MILAN TERRACE DAVIE FL 33325								NOT WEITE IN TIL			
								NOT WRITE IN TH	IS SPACE		—-
							3. Date incorporated o 07/01/1997	r Qualifed			
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number Applied			For	
21	_	26	26				65-0762396		Not Applicable		
Suite, Apt.	#, etc.	\ -	Suite, Apt. #, etc.				5. Certificate of Status Desired				
22		27								•	
City & Stat	te .	City &	State				6. Election Campaign I	- 1 1)0 May ed to Fe	
23		28			.ntn.		Trust Fund Contribu			o to re	
Zip	Country	Zip	·		ıntry.	•	8. This corporation own		Intangible Yes	□N	lo I
24	25	29 29	nant .	30	Г		Personal Property T 10. Name and Address				
	9. Name and Address of Cur	rent Registered A	gent		81	Name	IV. Name and Address	. o. nen negistele			
LYN	N, BRIAN										
212 VIA MILAN TERRACE					82	Street Addre	ss (P.O. Box Number is N	iot Acceptable)			
	IE FL 33325				83						
•					"				,		
	•				84	City		F	85 Z	ip Code	
office or a	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida, Such	change was a	uthorized	d by 1	the corporation	ration submits this statem o's board of directors. I he	ent for the nurnose	of changing	its regis registe	stered red
SIGNATURE		_									\
	Signature, typed or printed name of registered				d Agent	t signature required	when reinstating) ADDITIONS/CHANG	DATE	AND DIDE	TORE	N 12
12.		AND DIRECTORS	DELETE	13.	m -		ADDITIONS/CHANG	ES TO OFFICERS	Chan		Addition
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NAME	OEAMPO, JOSE G			1.2 N							
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NAME				2.2 N							
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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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: