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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000061346

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90028 050 ***150.00

INTERWEAVE SER	VICES, CORP.						1834 1834 1846 1		/ 1411 1 11 1 11
									11414 1111 1471
Principal Place of Business		Mailing Address				1 14811931 (10 10117 10217 10217		,	
7952 PINES BLVD PEMBROKE PINES FL 33024 US 7952 PINES BLVD PEMBROKE PINES FL 33024 US US							RITE IN THIS	SPACE	
						3. Date Incorporated or Qualife 07/15/1997	a		
Driverted Division		2a. Mailing Address				4. FEI Number	· · · · · · · · · · · · · · · · · · ·		pplied For
2. Principal Place of Business 2a. Mailing Address 2b 8910 MIRAMAR PKWY 26 8200 SW			203	ST		65-0767106	,		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Certifcate of Status Desired		\$8.75	Additional equired	
22 210		27 -				·			
City & State 23 MIRAMAR	FLORIDA	City & State	FLOR i.	ΦA		6. Election Campaign Financing Trust Fund Contribution	³ –		May Be to Fees
Zip	Country	Zip		untry US		8. This corporation owes the cu	irrent year Inta	ngible Yes	□No
	5 USA	29 33189	30	<u>v=,</u>	<u> </u>	Personal Property Tax.	- Dawletoward		
9. Name a	nd Address of Current	Registered Agent		81	Name	10. Name and Address of New	Registered /	Agent	
DE MORAES MA	CHADO, DENISE B								
8200 SW 203RD	•			82 Street Add		dress (P.O. Box Number is Not Accep	otable)		}
MIAMI FL 33189				83					
				84	City		FL	85 Zip	Code
11. Pursuant to the provision	ns of Sections 607.0502	and 607.1508, Florida St	atutes, the	above-	named cor	rporation submits this statement for th	e purpose of	hanging its	s registered
office or registered age	nt or both in the State o	f Florida. Such change wa	ae authoríza	ad bu th		ition's board of directors. I hereby acc	ent the appoir	itment as ri	egisterea
oracet Low femiliar with	and accept the obligation	one of Section 607 0505	Florida Sta	stutes	he corporat	tion's board of directors. I hereby acc	op. alo appoi		- 1
agent. I am familiar with	, and accept the obligation	ons of, Section 607.0505.	Florida Sta	atutes.	he corporat	mons doubt of directors. Thereby doc	opi allo appoli		-
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNING OFFICER OR DIRECTOR