FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000070622 (0)

OLIVEIRA SERVICES OF FLORIDA, CORP.

Principal Place of Business

Marting Address

FILED May 13 1998 8:00am Secretary of State



21482 TOWN LAKES DR #822 BOCA RATON FL 33486		21492 TOWN LAKES DR #822 BOCA RATON FL 33486		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
				08/14/1997		
	BOCA COLONY DRIVE	2a, Mailing Address	-OTOMA	4. FEI Number	Applied For Not Applicable	
Suite, Apt. #, etc. 22 # 2.2 4-		Suite, Apt. #, etc. 27 # 224		E. Cardificate of Status Backed	75 Additional e Required	
City & State 23 BOCA RATON FL		City & State 28 BOCA RATON FL		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24 3343	Country	29 33433 30	Country	8. This corporation owes or has paid the current year Personal Property Tax due June 30.	ar Intangible	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent		
de Oliveira, ricardo a			81 Name			
21482 TOWN LAKES DR #822			82 Street	ddress (P.O. Box Number is Not Acceptable)		
BO0	CA RATON FL 33486					
			83			
			84 City	FI 85	Zip Code	
SIGNATURE	Mercuration	and title if approvable (NOIL R	· · ·	oration's board of directors. I hereby accept the appointment of the property of the appointment of the appointme	1998	
TITLE	PVST	₩ DELETE	1.1 TITLE	▲ F1 Cha	nna Addition	
NAME	DE OLIVEIRA, RICARDO A		1.2 NAME	DE OLUEIRA RICARDO A		
STREET ADDRESS	21482 TOWN LAKES DR #822		1.3 STREET ADDRESS	folg boca colony dr. 44 224	h-	
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY - ST - ZIP	BOCA RAYON FL 33433		
TITLE	D	DELETE	2.1 TITLE	Cha	nge	
NAME	DE OLIVEIRA, RICARDO A		2.2 NAME	R OLIVEIRA RICARDO A	24	
STREET ADDRESS	21482 TOWN LAKES DR #822		2.3 STREET ADDRESS	OIQ BOCA COLONY DR. # 2		
CITY-ST-ZIP	BOCA RATON FL 33486	T pourze	2 4 CITY-ST-ZIP	BOCA RATON FL 3343		
TITLE	•	L DELETE	3.1 TITLE	☐ Cha	nge L. Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELĒTE	3.4. CHY-S1-ZIP 4.1 TITLE	Cha	nge Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		_	
TITLE		DEL E TE	5 1 TITLE	☐ Cha	nge 🔲 Addition	
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - S1 - 2IP			
TITLE		DELETE	6.1 TITLE	☐ Cha	nge 🔲 Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
indicated of officer or of	on this annual report or supplemental a	arinual report is true and accura for or trustee empowered to exc	ate and that my sig	I in Section 119.07(3)(i), Florida Statutes. I further certify tha at the shall have the same legal effect as if made under oath equired by Chapter 607, Florida Statutes; and that my nami	n; that I am an	