


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

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

02-22-1999 90102 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000076407

1. Corporation Name
REINALDO ULLOA, INC.

Principal Place of Business 720 N.W. 92 AVENUE PEMBROKE PINES FL 33024	Mailing Address 720 N.W. 92 AVENUE PEMBROKE PINES FL 33024
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business 720 NW 92 ave	2a. Mailing Address 720 NW 92 ave
22. Suite, Apt. #, etc. N/A	27. Suite, Apt. #, etc. N/A
23. City & State Pembroke Pines, FL	28. City & State Pembroke Pines, FL
24. Zip 33024	29. Zip 33024
25. Country Broward	30. Country Broward

3. Date Incorporated or Qualified
09/02/1997

4. FEI Number
65-0779294

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

9. Name and Address of Current Registered Agent

ULLOA, REINALDO
725 N.W. 92 AVENUE
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name **Ulloa, Reinaldo**

82 Street Address (P.O. Box Number is Not Acceptable)
720 NW 92 ave

83 **Pembroke Pines,**

84 City **Pembroke Pines, FL** 85 Zip Code **33024**

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 607.0605, Florida Statutes.

SIGNATURE *Reinaldo Ulloa* **Reinaldo Ulloa** 1/9/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PT	<input type="checkbox"/>
NAME	ULLOA, REINALDO	
STREET ADDRESS	720 N.W. 92 AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	VPS	<input type="checkbox"/>
NAME	GUERRA-ULLOA, NEYDA	
STREET ADDRESS	720 N.W. 92 AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Reinaldo Ulloa* **Reinaldo Ulloa** PT 305/785-3048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)