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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90036 047 \*\*\*150.00

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #** P97000079768

1. Corporation Name

CACHEELT DESIGNS INC

GAUTTEU	II DESIGNS, INC.							
Principal Place of	f Business	Mailing Address						
9420 W FLAGLER	STREET	9420 W FLAGLER STREET			<b>'</b>	,		
717		414 MIAMI FI 33174	914 Miami FL 33174		DO NOT WRI	TE IN THIS SPA	CE	
US US					3. Date Incorporated or Qualifed	-, -		
		•			09/15/1997	.,-	T."T	
2. Principal Place	e of Business	2a. Mailing Address	<u>-</u>		4. FEI Number		<del></del>	lied For
21		26			65-0748674		8.75 A	Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Fee Rec	
22		City & State			6. Election Campaign Financing		\$5.00 N	<u>-</u>
City & State		28			Trust Fund Contribution	<u> </u>	Added to	
Zip	Country	Zip	Coun	гу	8. This corporation owes the curr	ent year Intangi	ble	
24	25	29	30		Personal Property Tax.		Yes	No
	9. Name and Address of Current				10. Name and Address of New I	Registered Age	nt	
	- •		1	Name				
	GUEZ, GERARDO S V FLAGLER STREET			Street Ad	dress (P.O. Box Number is Not Accept	able)		
#414			1	13		1 13-1 1 144		
MALAMAL	FL 33174			34 City	**************************************	。	5 Zip C	ode
I INITARIA			- 10	4 City		FL I		
11. Pursuant to	the provisions of Sections 607.0502 istered agent, or both, in the State of familiar with, and accept the obligati				prporation submits this statement for the ation's board of directors. I hereby acce	purpose of char pt the appointment	nging its reg	registered pistered
11. Pursuant to office or regional signature Signature Signature 12.	istered agent, or both, in the State of familiar with, and accept the obligation of the printed name of residues and officers. ANI	ions of: Section 607.0505, Fig. 1 and title if applicable. (NOTE	E: Registered A	gent signature requ	2/ Lired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND D	DIRECTO	RS IN 12
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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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

