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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000082120

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

EFN INVESTMENTS CORPORATION								
	•		•			# 1881:188: #188: #188: #188: #188: #188: #188: #188: #188: #188: #188: #188: #1		
					•			
Principal Place of Business Mailing Address								
12834 SOUTHWEST 119TH TERRACE 12834 SOUTHWEST 119TH TER MIAMI FL 33186 MIAMI FL 33186				TERRAÇE	•	,		
						DO NOT WRITE IN THE	S SPACE	<u> </u>
						 Date Incorporated or Qualified 09/23/1997 		,
2. Principal F	Place of Business	2a. Ma	iling Address			4. FEI Number	i la	pplied For
21		26				65-0781883		ot Applicable
Suite, Apt.	. #, etc.		te, Apt. #, etc.	· ·	···			Additional
22		27				5. Certifcate of Status Desired		equired
City & Sta	te	City	y & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	. Country	Zip		Count	гу	8. This corporation owes the current year Ir	ntangible	
24	25	29		30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Registere	d Agent			10. Name and Address of New Registered	l Agent	
	MIANDI FEDMANDO	Yan ta		8	1 Name			
NAH Er al A	CIANDI, FERNANDO			R	2 Street Add	fress (P.O. Box Number is Not Acceptable)		
12834 SW 119TH TERR			" ا	- Cucci Add	residents and a set of the	The second case of	c gamenta a v. t. jurzen	
MIAI	MI FL 33186			8	3 .			
,				-	4 00	13 14 1 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 1 3 1 m	Series
				0	4 City	FI	_ 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1	508, Florida Statute	s, the abo	ve-named cor	poration submits this statement for the purpose o	f changing its	registered
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. S	uch change was au	ithorized b	y the corporati	ion's board of directors. I hereby accept the appo	ointment as re	egistered
SIGNATURE	_	,						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if annli						
12.	OFFICERS A	teur aug nae u abbu	cable (NOTE:	Registered Ag	jent signature require	ed when reinstating) DATE		·
		ND DIRECTO		Registered Ag	ent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	PSTD						ND DIRECTO	DRS IN 12
TITLE NAME			RS	13.				
	PSTD NARCIANDI, FERNANDO	ND DIRECTO	RS	13. 1.1 TITLE 1.2 NAME				
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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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

WINDROYZ?

☐ Change

Addition