PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

May 06, 1999 8:00 am Secretary of State

05-06-1999 90090 022 ***150.00

i. Corporation	VIEN I # P97000 A TANGO, INC.	084673	•		
Principal Place	e of Business	Mailing Address			
		995 SW 67 AVE MIAMI FL 33144	,	DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed 10/01/1997	
_	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	<u> </u>	65-0784879	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	*	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	8	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24	25		Di: ·	Personal Property Tax.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81. Name					
UCCIFERRI, MARTA BEATRIZ			1 I	Jucanis Castillo	
995 SW 67/AVE			82 Street Ac	Idress (P.O. Box Number is Not Acceptable)	{
l control of the cont				95 5W 61 HOLNE	
			*** <u> </u>		
			# 84 CityMI	amy F	L 85 Zip Code 33/44
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					
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 607.0505, Florida Statutes.					
SIGNATURE V GUARANT POLICE CONTROL WITH THE WAY TO SEE THE WAY TO					
Signature: You or printed name of registerer agent and the if approache. (NOTE: Registered Agent signature required via 12. OFFICERS AND DIRECTORS 1.13.				ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	p · · ·	DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	UCCIFERRI, MARTÀ B		12 NAME		
STREET ADDRESS	995 SW 67TH AVE	,	1.3 STREET ADDRESS		,
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME	•	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY- ST- ZIP		☐ DELETE	3.4. C/TY-ST-ZIP		Change Addition
TITLE			4.1 TITLE 4. 2 NAME		
NAME			4. 2 NAME 4.3 STREET ADORESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		•
CITY-ST-ZIP TITLE		[] DELETE	5.1 TITLE		☐ Change ☐ Addition
	*				; . ir

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CMY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Addition

Change