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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT 3	#	P97000084821
Corporation Name		1 07 000001021

FLEET P.M. INC.

## **FILED** Mar 09, 1999 8:00 am Secretary of State

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		Mailing Address			i (Başten) tin ini	(	MATRI IMILL HINNE ENEL	8 I}881 II9I (881
Principal Plac	e of Business	}	,		•			
717 PONCE DE	E LEON BLVD.	717 PONCE DE LEON BLVD.						
#310	#310 LES FL 33134 CORAL GABLES FL 33134				Do	NOT WRITE IN	THIS SPACE	
CORAL GABLE	3 FL 33134	CONAL GABLES PE 33134		3.	. Date Incorporated			
				\	10/01/1997		w.,	ļ
2 Principal P	face of Rusiness	2a. Mailing Address		4	. FEI Number		1 A	pplied For
2. Principal Place of Business 21 8148 NW. 74 <sup>TH</sup> AVE 22 Mailing Address 26 V.O. Box 52			7821		65-0785768		<b>——</b>	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.						Additional
22 BA	y #7	27		5	. Certifcate of Statu	s Desired 💹 .	Fee R	equired -
City & State  23 MEDLEY , FL.  28 MiAMI , FL				6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to F				
,	Country	28 MIAMI, +L	Country		Trust Fund Contrib			to rees
Zip → 22 1/4		Zip 29 33 15 2 30	DADE	:   8	<ul> <li>This corporation of Personal Property</li> </ul>		ar intangible Yes	ĽZNo
24 33 16	9. Name and Address of Current	_ <del></del>	- JANE		. Name and Addre			
	9. Name and Address of Current	Registered Agent	81 Nar			<u> </u>		
DUN	IKLEY, LINDSAY			±L/	pidio A-	PAPILLA		
	PONCE DE LEON BLVD.		82 Stre		P.O. Box Number is		•	
#31			20	7640	5W95 A	E		
	RAL GABLES FL 33134		83					
COF	IAL GABLES FL 33134		84 City		3		85 Zip	Code
		_ 0/1		MALM			FL   <u>~ 33</u>	173
11. Pursuant office or a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligant	and 601.1501, Figrida Statutes, I Florida, Such change was authous of Segrida 617.0505. Florida	the above-nam orized by the co Statutes	ed corporation bronds b	on submits this state loard of directors. I h	ment for the purpos ereby accept the a	se of changing it ippointment as r	s registered egistered
		/w           .				2-/22	199	1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	istered Agent signati	ure required when		DA)		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHAN	GES TO OFFICER		
TITLE	PD	☐ DELETE	1.1 TITLE	P		· A	Change	☐ Addition
NAME	PADILLA, ELPIDIO-A		1.2 NAME	PAD	ILLA, ELPIC	7/0 A.	•	}
STREET ADDRESS	717 PONCE DE LEON BLVD.		1.3 STREET ADDRE	ss 764	10 SW 95	AVE		4
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CiTY-ST-ZiP	M	IAMI FL.	33173		
TITLE		☐ DELETE	2.1 TITLE	1			☐ Change	Addition
NAME			2.2 NAME	PAL	PILLA, M.	iriam C		
STREET ADDRESS			2.3 STREET ADDRE	SS 764	90 SW 95.	AVE	-	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	Mi	AMI -FL	33173		ł
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NAME		_	3.2 NAME					
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STREET ADDRESS				-30				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE				☐ Change	Addition
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CITY-ST-ZIP		E) on the	4.4 CITY-ST-ZIP				Chongo	Addition
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NAME			5.2 NAME					
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NAME			62 NAME					ĺ
STREET ADDRESS	1		6.3 STREET ADDRE	282				, i
STREET ADDRESS			0.0 01110217100710	-00				ì

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tate and that my signature shall have the same legal effect as if made under oath; that I am an ecute this report as required by Chapter 607. Florida Statutes; and that my name appears in the life representation. 14. I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplemental annual report is truy and proficer or director of the corporation of the receiver or trustee smoothwareful Block 12 or Block 13 if changed, or on an attachment with an address with other like empowered.

**SIGNATURE:** 

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR