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 # P97000085214

ANGEL ANGULO, P.A.

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90158 007 ***150.00



						-	4111 88111 88121	KREEL BILLER II	
Principal Place of Business Mailing Address							#141 # 2411 4 3141		
12860 SW 43 DRIVE 12860 SW 43 DRIVE									
245B						DO NOT WRITE IN THIS SPACE			
						Date Incorporated or Qualifed 10/02/1997			
2. Principal Place of Business (2 2a. Mailing Address						4. FEI Number			Applied For
21 10/54 COSTA DEL SOU BLUME						65-0789953	, ,		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		•	5 Additional
22		27				3. Serios et diales 200 et			Required
City & State City & State 23 M/AM/, FC 28						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Cou	ntry		8. This corporation owes the cur	τent year Inf	_	—
24 33/		29	30	.—		Personal Property Tax.		∐Yes	□No
	9. Name and Address of Current	Registered Agent		94	Mana	10. Name and Address of New	Registered	Agent	
ANO	LILO ANGEL			81	Name Ari G	u Movio			
ANGULO, ANGEL 12860 SW 43 DRIVE				82	Street Address (P.O. Box Number is Not Acceptable)				
245E				83	10/16	4 cospar Dals	00 30	<u> </u>	
	/ /II FL 33175			05					
				84	City4/4	41 1	FL		ip Code 3/78
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida, Such change was a	authorized	1 DV 1	tne corporatioi	oration submits this statement for the n's board of directors. I hereby acce	purpose of the appoint	changing intment as	its registered registered
SIGNATURE									
	Signature, typed or printed name of registered agent			Agent	t signature required		DATE		TODO IN 42
12.	OFFICERS AND	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO O	FICERS AF	ND DIREC ☐ Chang	
TITLE	PST ANOTHER ANOTH	□ DELCIC	1.1 TI ! 1.2 N						g- C.1
NAME	ANGULO, ANGEL				ADDRESS				
STREET ADDRESS	12860 SW 43 DRIVE, #245B			TY-ST	1				
CITY-ST-ZIP TITLE	MIAMI FL 33175	☐ DELETE	2.1 1		·ZIF			☐ Chan	ge Addition
			2.2 N						
NAME STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				 ITY-S1					
TITLE		☐ DELETE	3.1 TI					☐ Chang	ge 🔲 Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 ST	TREET	ADDRESS				
CITY-ST-ZIP			3.4. C	ITY-\$1	T-ZIP				
TITLE		☐ DELETE	4.1 TI	TLE				Chang	ge · ☐ Addition
NAME			4. 2 N	AME					,
STREET ADDRÉSS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			_	TY-ST	-ZIP				ao 🗖 Addition
TITLE		☐ DELETE	5.1 TI					☐ Chan	ge 🗌 Addition
NAME			5.2 N		ADDRESS				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE	6.1 TI	TY-ST	-21	· · · · · · · · · · · · · · · · · · ·		☐ Chan	ge Addition
TITLE		□ DECE IE	6.2 N						a- <u> </u>
NAME					ADDRESS				
STREET ADDRESS	i		0.35	ותבבו	VPANIA POP				

64 CITY-ST-ZIP 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 suppliemental 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 the proposer of the corporation or the receiver or trustee empowered.

SIGNATURE: