

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90008 033 ***550.00

DOCUMENT # **P97000087391**

1. Corporation Name
FLATEL, INC.

Principal Place of Business
1705 W. 45TH ST.
WEST PALM BEACH FL 33407
US

Mailing Address
1705 W. 45TH ST.
WEST PALM BEACH FL 33407
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2a. Mailing Address
26 **2128 Okeechobee Blvd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
27 **W. Palm Beach FL**
City & State City & State
28 **33409**
Zip Zip
25 **USA** 29 **33409** 30 **USA**

3. Date Incorporated or Qualified
10/09/1997
4. FEI Number
65-0788827
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required
6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees
8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

I. 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.

GNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 'N 12	
E	PSTD	1.1 TITLE	President
IE	NODARSE, OSCAR	1.2 NAME	Adriana Solar
REET ADDRESS	1705 W. 45TH ST.	1.3 STREET ADDRESS	2128 Okeechobee Blvd
ST-ZIP	WEST PALM BEACH FL 33407	1.4 CITY-ST-ZIP	W. Palm Beach FL 33409
E	VD	2.1 TITLE	Vice president
E	SOLAR, ADRIANA	2.2 NAME	Victor Solar
ET ADDRESS	1705 W. 45TH ST.	2.3 STREET ADDRESS	2128 Okeechobee Blvd
ST-ZIP	WEST PALM BEACH FL 33407	2.4 CITY-ST-ZIP	WPB FL 33409
	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary
	<input type="checkbox"/> DELETE	3.2 NAME	Adriana Solar
ET ADDRESS		3.3 STREET ADDRESS	1708 Richard Ln
ST-ZIP		3.4 CITY-ST-ZIP	W Palm Bch FL 33406
	<input type="checkbox"/> DELETE	4.1 TITLE	Vice president
ET ADDRESS		4.2 NAME	Abido Matari
ST-ZIP		4.3 STREET ADDRESS	2128 Okeechobee Blvd
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	WPB FL 33409
T ADDRESS		5.1 TITLE	
T-ZIP		5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
T ADDRESS		5.4 CITY-ST-ZIP	
T-ZIP		6.1 TITLE	
	<input type="checkbox"/> DELETE	6.2 NAME	
T ADDRESS		6.3 STREET ADDRESS	
T-ZIP		6.4 CITY-ST-ZIP	

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 dictated 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.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-30-99 561-6882525

0077092

CR2E034 (5/99)