## 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 # **P97000087439**

1. Corporation Name

DULCE ZUFFA, P.A.

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90230 038 \*\*\*150.00



Principal Place	of Business	Mailing Address			( 1981) 481 He letti 19911 99111 81	),			
1138 LAGUNA S	SPRINGS UR	1138 LACUNA SPRINGS DR		1					
FT_LAUDERDALE_FL_33326 - FT_LAUDERDALE_FL			-		DO NOT WRITE IN THIS SPACE				
US		U\$		-	Date Incorporated or Qualifed		<u> </u>		ı
				٦	10/09/1997				ĺ
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	ace of Business RhA	26 1401 TIAAL F	Dinte B	3/1/	65-0788221		<u> </u>	t Applicable	ĺ
21     40	14 ALD LOWIS FINT	Suite, Apt. #, etc.	UIII V				\$8.75		ĺ
22	202	202	- 		. Certifcate of Status Desired		Fee Re	equired	
City & State	ITER FL	28 JPTCR	FU_	· 6	5. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	•	
Zip	Country	Zig 21177 _ C	ountry	8	3. This corporation owes the cur	rent year Inta			ĺ
24 3 34	1 25 1/GA	29 9 34 / 30	VSA		Personal Property Tax.		□Yes	No	1
— <del></del>	9. Name and Address of Current	Registered Agent		10	). Name and Address of New	Registered A	Agent		ł
	TARLES AS		81 Name	ハル	CE ZUFFA				ĺ
	SU, MANUEL M.		82 Street Ad	Address (	(P.O. Box Number is Not Accept	able)	上 20		-
	SE 2ND STREET; STE. 3700		1401	1-17	NAL HOINTE K	IVO 7	Tau	<u> </u>	-
MAN	AL <del>EL 33131</del>		83 / / '	, , .	· · · · · · · · · · · · · · · · · · ·	1			
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11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes, the	above-named co	corporation's	on submits this statement for the	purpose of e	changing its ntment as re	registered' gistered	
oπice or n	to the provisions of Saetions 607.0502 egistered agorti, or both, in the State o m familia with, and accept the obligation	ons of, Section 607.0505, Florida St	atutes.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, di	FF.		•	
SIGNATURE	VIII- PUMA.	14.11.25	ECO	-					ļ
SIGNATURE	Signature typed or printed name a legistered agent	and title if application (NOTE: Jegste		equired wher	n reinstating)	DATE AM	ID DIDECTO	DC IN 12	1 3
12.	<del>// / / / /</del>		3.		ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition	1
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NAME	ZUFFA, DULCE		2 NAME	1110	1 TIXAL BUNI	12 - مصولا	シンス・チ	ナつのつ	] :
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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 changes of on an attractment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #