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**

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90036 005 ***150.00

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DOCUMENT	#	ロハフ	מחי	നവ	וחכ	20	റ
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1. Corporation	_	INC	-	- '*				
ED COM	IP AND LASER SERVICES	INC.			I ARRICANI MIR ARINI MARIA RAINI ARINI ARINI ARINI ARINI ARINI ARINI	12 60/8 1 1 0 /0/12	A 101 BA11 1881	
Principal Place of Business Mailing Address					. I finiter tim inter shall motte water maste water sas	ll måras sasar s	Mass Mass smar	
6975 W 16TH A	WE ,	6975 W 16TH AVE						
#308				DO NOT WRITE IN THIS SPACE				
HIALEAH FL 33014			3. Date Incorporated or Qualifed					
					10/22/1997			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For	
21	26			65-07892 <u>69</u>	Not	Applicable		
	ite, Apt. #, etc. Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A			
22		27			5, 00/4/04/05/05/05/05/05	Fee Rec	`	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	•	
23		28	Country		Trust Fund Contribution	Added to	rees	
Zip	Country	Zip 3	_ `		8. This corporation owes the current year Intan Personal Property Tax.		□No	
24	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registered Ag			
			81	Name				
	ONADO, RAMONA		82	Stroot Addro	ss (P.O. Box Number is Not Acceptable)			
	CORAL WAY		02	Glieel Addie	SS (F.O. DOX Humbor to Not Acceptable)			
SUIT			83					
MAIM	AI FL 33155		84	City		85 Zip C	ode	
				•	<u>FL</u>	_ }		
office or re	agistared agent or both in the State	of Florida. Such change was auf	bonzed hv	the comoration	ration submits this statement for the purpose of ch n's board of directors. I hereby accept the appoint	ianging its i nent as reg	egistered istered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statutes		,,	•	Ì	
SIGNATURE	<u> </u>				when reinstaling) DATE	_	\	
42	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: H ND DIRECTORS	13.	nt signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12	
12.	PSD	DELETÉ	1,1 TITLE	1		Change	Addition	
NAME	BOTELLO, EDMUNDO		1.2 NAME	İ		i		
STREET ADDRESS	6975 W 16TH AVE, #308		1.3 STREET	ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33014		1.4 CITY-S	T-ZIP				
TITLE	VD	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	BOTELLO, ROSMARY		2.2 NAME				}	
STREET ADDRESS	6975 W 16TH AVE, #308		2.3 STREET	FADDRESS			ļ	
CITY-ST-ZIP	HIALEAH FL 33014.		2. 4 CITY-5	T-ZIP	<u> </u>	Change	Addition	
TITLE		☐ DELETE	3.1 TITLE	1		Change	☐ Addition	
NAME			3.2 NAME				ľ	
STREET ADDRESS			3.3 STREET					
CITY-ST-ZIP	•	☐ DELETÉ	3.4. CITY-9 4.1 TITLE	31-ZIP	<u> </u>	Change	☐ Addition	
TITLE	, , , , , , , , , , , , , , , , , , ,	□ occur	4.1 TITLE				_	
NAME CTREET ADDRESS				T ADDRESS				
STREET ADDRESS CITY-ST-ZIP	0		4.4 CITY-S				ļ	
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME	1.		•	ļ	
STREET ADDRESS	,		5.3 STREE	T ADDRESS			}	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME		•			
STREET ADDRESS			6.3 STREE	TADORESS				

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 or an affachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP