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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT, OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED May 13, 1999 8:00 am Secretary of State 05-13-1999 90044 026 ***150.00

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DOCU 1. Corporation	IMENT # PA 70001	06385			
,ک	ON NAME AMANTHA A	LBA, INC.	'		
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Principal Pla	ce of Business	Mailing Address	<u> </u>		
			:	DO NOT WRITE II	N THIS SPACE
			e e e e e e e e e e e e e e e e e e e	3. Date Incorporated or Qualifed	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			***	6/19/98	1 2 (1.9) 1 193 1 197
- OA	Place of Business	2a. Mailing Address	10877	4. FEI Number	Applied For
Suite, Apt	30X 390 8//	26 70 BOX 25 Suite, Apt. #, etc.	70//	(W-000000	Not Applicable \$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Sta		City & State	WAR FL.	6. Election Campaign Financing	\$5.00 May Be
23 F & M	Country Country	28 TEMBROKET	Country 一个公路	Trust Fund Contribution 8. This corporation owes the current y	Added to Fees
24 3302		2023-0114	115A	Personal Property Tax.	ear intangible
	9. Name and Address of Current	Registered Agent	e e la construição	र्केट है 10.1 Name and Address of New Regis	tered Agent - 3234 11 11 11 11 11
PICE	YARD J. DIAZ	. :	81 Name	Control of the state of the sta	a man said the said
カフハ	1 5, W. 3 d. A	1V. (a	82 Street Ad	dress (P.O. Box Number is Not Acceptable)	111111111111111111111111111111111111111
210	72/29	·	83		
TA1 K	AMI, FC. 33/29	A	A A S BA S City at	The state of the s	85 Zip Code
					FL MARKS 1883
11. Pursuant office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statutes Florida. Such change was autl	, the above-named cor norized by the corpora	rporation submits this statement for the purp tion's board of directors. I hereby accept the	ose of changing its registered [6] appointment as registered.
·	arrical man was a second to congust	1.5. 2.5%	the above-named concized by the corporate Statutes	rporation submits this statement for the purp tion's board of directors. I hereby accept the	ose of changing its registered appointment as registered
11. Pursuant office or agent. I a SIGNATURE	arrical man was a second to congust	·····································	318.5503616	A CONTRACTOR OF THE PARTY OF TH	ose of changing its registered appointment as registered
·	The Age of the Man and the contract of the Con	and title if applicable. ** (NOTE: R	318.5503616	ired when reinstating) > 0	ATE RS AND DIRECTORS IN 12
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SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND DPT LEOCADIO ALBA	and little if applicable. (NOTE: R	egistered Agent signature requi 13.	ired when reinstating) > 0	ATE RS AND DIRECTORS IN 12
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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 on an attachment with an address, with all other like empowered.