## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

4137 RIRR LANE

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #** P9800000536

1. Corporation Name

Principal Place of Business 4127 DIRD I AND

ORCHID ENTERPRISE INC.

ORLANDO FL 32817		ORLANDO FL 32817			DO NOT WRITE BY THE SPACE		
					DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualifed	}	
	·				01/02/1998		
2. Principal Pl	ace of Business	2a. Mailing Address				Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		
City & State	9	City & State			6. Election Campaign Financing 5.0	0 May Be.	
23		28			Trust Fund Contribution Adde	d to Fees	
Zip	Country	Zip _	· —		8. This corporation owes the current year Intangible	· —	
24	25 29		30				
· · · · · ·	9. Name and Address of Curren	t Registered Agent		1 Name	10. Name and Address of New Registered Agent		
CANI	TANÁ ODOUIDEA		*	1 Name			
	Taná, orquidea ' Bibb Lane		ā	82 Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32817			8	3			
			8	4 City	FI 85 Zi	p Code	
44 Dumunt t	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the abo	ve-named c	corporation submits this statement for the purpose of changing	its registered	
11. 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 ar	n familiar with, and accept the obligat	lions of, Section 607.0505, Florid	ia Statut	9S.			
SIGNATURE	<u> </u>	AIOTE.		and clanature ro	Quired when reinstating) DATE		
	Signature, typed or printed name of registered agen OFFICERS AN		13.	ent signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12	
TITLE	D	DELETE	1.1 TITLE		□ Chang		
	SANTANA, ORQUIDEA		1.2 NAM			_	
NAME	4137 BIBB LANE			ET ADORESS			
STREET ADDRESS		•					
CITY-ST-ZIP	ORLANDO FL 32817	☐ DELETE	1.4 CITY		Chang	e Addition	
πιε	D OFFICE OFFICE	C) Detere	2.1 TITLE				
NAME	QUEZADA, CELIA		2.2 NAM	1			
STREET ADDRESS	4137 BIBB LANE		1	ET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32817		2.4 CITY		Chang	e Addition	
TITLE	D	DELETE	3.1 TITLE		Criang	le 🗀 Yacata	
NAME	DURAN, RICARDO		3.2 NAM	E '	• •		
STREET ADDRESS	4126 INVERRARY BLVD		3.3 STRE	ET ADDRESS		ļ	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319		3.4. CITY				
TITLE		☐ DELETE	4.1 TITLE	•	☐ Chang	e	
NAME			4, 2 NAM	É			
STREET ADDRESS			4.3 STR	ET ADDRESS		ĺ	
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	:	☐ Chang	je 🗌 Addition	
NAME	•	•	5.2 NAM	E			
STREET ADDRESS			5.3 STRE	ET ADDRESS		ļ	
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLI		☐ Chang	ge Addition	
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRE	EET ADDRESS		ľ	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90263 050 \*\*\*150.00