**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPAR IMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 1. Corporation Name P98000000974

MONCAYO & ASSOCIATES CORP.

Principal Place	e of Business	Mailing Address			t ifterließt ich coch colle	MILL DESIL GARLE CALLE DE	M(1 44114 19111 10	44 4121 1041	
520 BRICKELL	KEY DRIVE #A-802	520 BRICKELL KEY	DRIVE #A-602				وكليد للوادي		
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Suite, Apt.	#, BCC.	<del> </del>	eic.		5. Certifcate of Status Desi	ned 🗆	Fee Rea		
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City & State	a a	<u></u>			Trust Fund Contribution		Added to		
Zip	Country	Zip	Cor	untry	8. This corporation owes th	a current weer inte		1 1 1	
<b>⊢</b> ¬ '	25]	29	30	oy	Personal Property Tax.			⊒No	
24	9. Name and Address of Current			т —	10. Name and Address of			<del></del>	
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LIZA	BETH F. CALVO, PA					1490			
328 CRANDON BOULEVARD				82 Street Ad	Idress (P.O. Box Number is Not A	cceptable)	1. 4A	-602	
	E 226			83	20 DACKELL	<del>y</del>			
	BISCAYNE FL 33149								
	DISONING / E SSIVE			84 City	// : .		85 Zip Co		
		and 607 1500 Elevision	- Cialutas the	have named as	113m1	or that Districted of C	handing its of	agistered	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida, Such chang	a Statules, the a	d by the corpora	ation's board of directors. I hereby	accept the appoint	tment as regi	stered	
agent. I a	m familiar with, and accept the obligation	ors of, Section 607.0	05, Florida Sta	tutes.			1		
agent. l a SIGNATURE	* leda / lo.	11 les /				X 2/3	199		_
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Stricture, typed of printed name of registered agent of the printed of printed name of registered agent of the printed	and page applicable DIRECTORS DE	(NOTE: Registers 13. LETE 1.1 T 12.N 1.3.S 1.4.C	ITTLE  LAME  STREET ADDRESS  LITY-ST-ZIP	ADDITIONS/CHANGES T S/D CRESPO MASIA M 520 BALKELL KG MISTIN FK 33	DATE  O OFFICERS AND  O DELIVE TO	DIRECTOR	S IN 12  Addition	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Stricture, typica of printed name of registered agent OFFICERS AND CRESPO, MARIA M 520 BRICKELL KEY DRIVE #A-6: MIAMI FL 33131	and papil applicable DIRECTORS DE	(NOTE: Rookiaro 13. LETE 1.1 T 12.N 13.S 1.4.C LETE 2.1 T	nd Agent aigmeture requirement.  ITTLE  UAME  STREET ADDRESS  CITY-ST-ZEP  ITTLE	ADDITIONS/CHANGES T S/D CRESPO MARIA M 520 BALKELL KG MISTONI PC 33 P/D	O OFFICERS AND  O DAINE  O DAI	DIRECTOR	S IN 12	
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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 optrustee 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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: Y SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OF ICER OR DIRECTOR

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90152 016 \*\*\*150.00