PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90155 003 ***150.00

1999 DIVISION OF CORPORATIONS									
DOCUMENT # P9800003839									3
ESCOBA	R & ESCOBAR INTERNATION	ONAL, INC.							
Principal Place of Business Mailing Address						71224650 112 7010 11410 105111 105111		•	1
18240 CORAL ISLES DR 18240 CORAL ISLES DR ROCA RATON FL 33498 BOCA RATON FL 33498									
BOCA RATON I	FL 33486	BOOM RATON PE 35450				DO NOT WRITE IN THE	S SPACE		
						3. Date Incorporated or Qualifed			
Principal Place of Business						01/12/1998 4. FEI Number	ADI ADI	died For	, ,
	ace of Business	2a, Mailing Address	- 1			1	 	Applicable	. 1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Certificate of Status Desired be	\$8.75 A		[-]
22 27						3, 01,01	Fee Re	 -	1 4
City & State City & State_			المدارة المتاصيدينين والانهام			6, Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	May Be 🥆 😑	
23 Zlp				try		B. This corporation owes the current year I	ntangible		
24	25	29 30	_	- 7		Personal Property Tax.	Yes	MO	
**1	9. Name and Address of Curren	t Registered Agent	\Box			10. Name and Address of New Registers	d Agent		[]
COOMED LOCATE A				81 Name					
ESCOBAR, JOSEPH B 18240 CORAL ISLES DR				32 S	treet Addres	ss (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33498			- 1	83					
							85 Zip C	ode	
		•	- 1	- 1	lity	_ <u>F</u>	L (l '
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abo	ove-na	amed corpor	ration submits this statement for the purpose of source of directors. I hereby accept the app	of changing its	registered pistered	
egent. I s	egistered agent, or oom, in the State of familiar with, and accept the obligation	tions of, Section 607.0505, Florida	Statut	as.	ou por ano.				
SIGNATURE	Signature, typed or printed feme of registered ager	and Mark managers (NATE: Re-	ridetal A	cert ske	nature required	when reinstating) DATE		——	اھا
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			18
	COSC. DEALT	Ting ste	1.1 TID	.1 TΠ.E			Change	Addition	CR2E034 (11/98)
NAME	JOSEPH B. ESC 18240 CORAL	OBACLIVE		1.2 NAME					영
ID Danal Lef		22498	1.3 STREET ADDRESS		- 1			ſ	22
CITY-ST-29P			1.4 CTY-ST-ZIP 2.1 TITLE		<u>-</u>		Change	Addition	ប៊
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STREET ADDRESS	18240 CORAL	isles prive	23 STREET ADDRESS		DRESS			ļ	l
CITY-ST-ZIP	BOCA KATON,	PC 35470		2.4 Crry-ST-ZIP			TT Channe	E 3 Addition	l
TITLE	TRESURER_SCOBAR HEATHER ESCOBAR		3.1 TITLE		- 1		Change	Addition	(
	HEATHER CSCOBAL SUES DRIVE		3.2 NAME 3.3 STREET ADDRESS		OEE DE				
STREET ADDRESS	1240 POLLA	7.200		14. CITY-ST-ZIP		The state of the s	~~ <u>~</u>	<u></u>	
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STREET ADDRESS	STREET ADDRESS			4.3 STREET ADDRESS					l
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NAME STREET ADDRESS			5.3 STREET ADDRESS		DRESS			Ì	Ì
CITY-ST-ZIP			5.4 CITY	r-ST-ZI	P				ĺ
MILE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME					ſ	1
STREET ADDRESS			6.3 STR					ļ	1
CITY-ST-ZIP	all the she before the second second	th this filing dage not availty for th	A AYAM	r-ST-ZV	stated in Se	ection 119.07(3)(i), Florida Statutes. I further c	ertify that the in	iformation	ı
14. Thereby	ceruly diat the information supplied wi	ur and ming about not quality for the		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		shall have the same legal effect as if made un	der oath: that I	മന മറ	

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.

SIGNATURE: