**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

S cretary of State DIVISION OF CORPORATIONS

P980000 11020 DOCUMENT # 1. Corporation Name

ESIGN

Mailing Address

11550 BAULES RD. Mami

11550 BAILES RO DO NOT WRITE IN THIS SPACE 33 ITO 33170 3. Date Incorporated or Qualifed MIQMP 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 650 81 08 96 11550 ED. Not Applicat 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 Miguer City & State City & State \$5.00 May Be 6. Election Campaign Financing 33 170 Added to Fees 23 Trust Fund Contribution Country 8. This corporation owes the current year intangible 33 L 70 Personal Property Tax. ☐ Yes []No 24 9: Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DE SS. GUICHARDO ERACRIGO Street Address (P.O. Box Number is Not Acceptable) 11550 BailES RD. 33170 Miame Fl. Zip Code

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 am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

		egistered Agent signature rec	·
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	No 15 Couches 1 Experience	1.1 TITLE	☐ Change ☐ Add
NAME	De 33. Conditatio Certamo	1.2 NAME	
STREET ADDRESS	DE JS. Guidnardo Examples 11550 BAILES RO.	1.3 STREET ADDRESS	
CITY_ST-ZIP	mame H. 33170	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addi
NAME		2.2 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	. Change Addi
NAME		3.2 NAME	· · · · · · · · · · · · · · · · · · ·
STREET AODRESS	•	1.3 STREET ADDRESS	•
.CTY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ ☐ Add
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addi
NAME		52 NAME	•
STREET ADDRESS	i	5.3 STREET AOORESS	
_CITY-ST-Z#P		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	Change Addit
NAME		82 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZEP	

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.

FILED

Jun 25, 1999 8:00 am

**Secretary of State** 

06-25-1999 90008 029 \*\*\*150.00

07-15-1999 90010 032 \*\*\*400.00