## 02201999-90104-018-\$150.00-\$150.00 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 --

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

7 Corporation	MENT # P980000 S AND ASSOCIATES, INC.	U1 44	51 <i>7</i>							
Principal Place of Business Mailing Address							T I INNII INNII I I INNII I IN	i pro pravir ali akti aktifi	I) K <b>a</b> ti 1881 (88)	
1810 S.W. 100	TH AVENUE	1810 S.V	W. 100TH AVENUE							
MIRAMAR FL S	33025		R FL 33025							
							DO NOT WRITE IN TH	IS SPACE		_
		•					3. Date Incorporated or Qualifed 02/12/1998			
2. Principal F	Place of Business	2a, Mail	ling Address				4. FEI Number		pplied For	7
21		26	i				050066612.	N	ot Applicable	]
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	1
22		27	<del></del>				a. Certificate of States Desired	Fee R	equired	_]
City & Star	te	L City	City & State				6. Election Campaign Financing	\$5.00	May Be	-
23		28					Trust Fund Contribution Added to Fees			
Zip	Country	Zip				-	8. This corporation owes the current year intangible			
24	25	29		<u>ol</u>			Personal Property Tax.	Yes	□No	4
	9. Name and Address of Current	Registered	Agent		M Name		10. Name and Address of New Registers	d Agent		4
SIVE	RID, E			Ι,	Name		wan at our	<u> </u>		1
7179 PEMBROKE ROAD					Street.	Addres	ss (P.O, Box Number is Not Acceptable)		<u> </u>	1
PEMBROKE PINES FL 33023					\	<u> </u>	10 2 in 100 6			4
I CHURCIE HILLO I E DOGO					13	1	124 C A 3	302	<u> </u>	1
•	• •			1	14 City	╌	Many 15	- 1 85 Zip	Code	1
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office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	Florida, Su	ich change was auth	horized t	w the corpo	corpor tration	ation submits this statement for the purpose 's board of directors.' I hereby accept the app	of changing its ointment as re	registered gistered	
SIGNATURE		$\sqrt{1}$	Se re care		iet .		11 (11)	7.7		1
	Signature a god or priviled name of regulated agent				ent aignature n	equired w	hen reinstating) DAYE	٠, , , , ,		√ 80
TITLE .	PD OFFICERS AND	CHAPC TO	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS		Addition	CR2E034 (11/98)
	ARDILES, JUAN		Cotte	1.1 IIIL	. •			☐ Change		=
NAME	3090 SALINAS WAY			12 NAM						절
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,		77 877 TO		ET ACCRESS					ĮЩ
CITY-ST-ZIP	MIRAMAR PL		Clector		-ST-ZIP "					18
TITLE	ADDILEC MADIA A		( DETELE	21 TITLE				☐ Change	Addition	~
NAME	ARDILES, MARIA A	```}	ı	2.2 NAM	· ,				٠.	.]
STREET ADORESS	3090 SALINAS WAY	<i>.</i>	v.		ET ADDRESS		•			\
CITY-ST-ZIP	MIRAMAR FL 33025	1	/ I pri	2. 4 CITY						
TITLE	Y	<u>ر</u> ز	DELETE	3.1 TITLE				☐ Change	☐ Addition	
HAME		(		3.2 NAME	1					} :
STREET ADDRESS		1	ı		ET ADDRESS				~~ <b>~</b>	
CITY ST ZIP		- <u> </u>	- Cociette	34 CITY			<del></del>			:
mile			DELETE	4.111111.8	- 1			Change -	🔄 Addition	1
HAME		5. 1	,	4 2 NAM						
STREET ADDRESS		12.	ا م		ET ADDRESS					
CITY-ST-Z/P			<u>(</u>	A.4 CITY-						;
TITLE	• • •		OFFE	5.1 TITLE				☐ Change	Addition	:
NANE	and the second		ζl	5.2 NAME			:			:
STREET ADDRESS			.(,,	_	ET ADDRESS					
CITY-ST-ZIP	<u> </u>	- 1222		64 CITY			4 •		<u> </u>	
imuE -⊸	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10		☐ DELETE	6.1 THLE			•	☐ Change	Addition	
NAME	A. Ministry			6.2 NAME	<b>\</b> i					i
STREET ADDRESS	ra1			#3 STREE	TADDRESS					

14. I hereby certify that the information supplied with lhis 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 each; 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.

54 OTV-ST-ZIP

CITY-ST-ZIP

SIGNATURE: A-P-DLIVES

Feb 20, 1999 8:00 am Secretary of State

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