PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000018299

1. Corporation Name

CISTA INCORPORATED

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90168 040 ***150.00



Principal Place of Business Mailing Address										
2005 POLO CLUB DR.APT.102 2005 POLO CLUB DR.APT.102					}					
KISSIMMEE FL 34741 KISSIMMEE FL 34741										
					L	DO NOT WRIT	TE IN THIS	SPACE		
					ļ	3. Date Incorporated or Qualifed 02/24/1998				
2. Principal Place of Business 21 1003 PARK DRIVE 22 1003 PARK D						4. FEI Number		$-\mathbf{N}$	Applied For	
21 1003	26 1003 PARK	DR	NE	(Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.					$=$ \top	5. Certifcate of Status Desired		\$8.7	5 Additional	
22 27						5. Certificate of Status Desired		Fee	Required	
City & Stat		City & State				6. Election Campaign Financing		\$5.0)0 мау Ве	
23 CASS	ELBERRY. FL	28 CASSELBERRY. FL				Trust Fund Contribution	<u> </u>	Add	ed to Fees	
Zip	Country	Zip	Countr			8. This corporation owes the curre	ent year Inta	<u> </u>	i	
24 34 101	1-3501 25 USA	29 32707-3501 30		SA		Personal Property Tax.		∐ Yes	Mo	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name										
ORTIZ, OFEL					3					
2005 POLO CLUB DR.,APT.102					t Address	(P.O. Box Number is Not Accepta	ble)			
KISSIMMEE FL 34741										
NICOMMINEE FE 34/41			8:	3		•				
			84	4 City			FL	85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abov	/e-named	d corpora	tion submits this statement for the		hanging	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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND		13.	aur ekhistora	required wil	ADDITIONS/CHANGES TO OFF		DIREC	TORS IN 12	
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NAME	ORTIZ, OFEL		1.2 NAME			IZ, OFEL				
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			2.2 NAME KO 2.3 STREET ADDRESS		KOE	HNE, BRUNO				
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NAME					,]				}	
STREET ADDRESS		1		ET ADDRESS	1					
CITY-ST-ZIP			6.4 CITY-	SI-ZIP		140.07(2)(i) Elected Statutes I				

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 informational 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 application of the corporation or the receiver of the corporation or the receiver of 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 application of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the same legal effect as if made under oath; that I am an officer of 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 application of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of th

SIGNATURE: