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

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90252 046 ***150.00

 	

	
DOCUMENT # P98000018558	
MANZUR ENTERPRISES, INC.	
	i deriore ele independentales de la companya de la

	·										
Principal Place	e of Business	Mailing Address				''					
9320 NW 20TH COURT PEMBROKE PINES FL 33024		9320 NW 20TH COURT	9320 NW 20TH COURT PEMBROKE PINES FL 33024			ļ					
		PEMBROKE PINES FL 33					DO NOT WRITE IN THIS SPACE				
						3. Date In	r corporated or Qualit				
						02/23	3/1998				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Nu	umber 34.24.0			App	ied For
21		26				65	081865¢	0		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					ate of Status Desired				Iditional
22		27				J. Gertile		·	F6	e Rec	uired
City & Sate	e	City & State				I	ın Campaign Financii	^{rg} □			tay Be
23		28				- - 	and Contribution			lded to	rees
Zip	Country	Zip	Coun	ııry		'	orporation owes the on al Property Tax.	current year Ir	ntangible Yes⊟		
24	9. Name and Address of Curre	29 29 Agent	30				and Address of Ne	w Registere		,	3.40
	5. Name and Address of Corre	Tregistered Agent		81	Name						
MAN	ZUR, JOSE E				<u> </u>		N	-4-61-1			
9320	NW 20TH COURT			82	Street Ad	ddress (P.O. Box	Number is Not Acce	eptable)			
PEM	BROKE PINES FL 33024			83		-					
			-	84	City	<u> </u>			85	Zip C	ode -
	to the provisions of Sections 607.05			- 1	•			F			
SIGNATURE	Signature, typed or printed har ne of registered ag	·	- -	geni	t signature req	u red when reinstating)		DATE	ND DID	CTO	
12.		NE DIRECTORS	13.	_		ADDITIO	CINS/CHANGES TO	OFFICERS /			S IN 12
TITLE	PVST	☐ DELETE	11 TITL						Chi	ange	
NAME I	MANZUR, JOSE E 9320 NW 20TH COURT		12 NAM								
STREET ADDRESS	PEMBROKE PINES FL 33024				ADDRESS						
CITY-ST-ZIP TITLE	D	DELETE	2.1 TITE	_	-212	-			Cha	ange	Addition
NAME	MANZUR, JOSE E		2.2 NAM						_	•	Ì
STREET ADDRESS	9320 NW 20TH COURT		2.3 STF	REET	ADDRESS						
CITY-ST-ZIP	PEMBROKE PINES FL 33024		2. 4 CIT	Y- \$1	T-ZIP						
TITLE		☐ DELETE	3.1 TITE	.E					Cha	ange	Addition
NAME			3.2 NAM	Æ							
STREET ADDRESS			3.3 STF	REET	ADDRESS						Ì
CITY-ST-ZIP			3.4 CIT	Y-S	T-ZIP						
TITLE		☐ DELETE	4.1 TITL						Ch:	ange	Addition
NAME			4. 2 NA								
STREET ADDRESS.					ADDRESS						
CITY-ST-ZIP		DELETE	4.4 CIT	_	- ZIP			-	Cha	ange	Addition
TITLE		_ DLETE	5.2 NAM						ب		
NAME STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			5.4 CIT								
TITLE		☐ DELETE	6.1 TITL	Æ			-		☐ Cha	ange	Addition
NAME			6.2 NAM	ИE							i
STREET ADDRESS			6.3 STF	REET	ADDRESS						ł
CITY OF TID			6.4 CIT	Y-ST	r-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 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 attach ment with an address, with a lother like empowered.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR