PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000020252

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90260 018 ***150.00

| 1. Corporatio | | | | | | | |
|--|--|--|------------------|---|---|--|---------------|
| ELIEL R | AMOS INC. | | | | | | |
| | | | | | | | |
| Principal Plac | e of Rusiness | Mailing Address | | | | I \$600,000 AND 18101 1910) 60411 60115 60146 61416 61416 11014 61416 AND | , IIII |
| - | | | | | | | |
| 1432 SW 131 PL. CIRCLE EAST MIAMI FL 33184 1432 SW 131 PL. CIRCLE EAS' MIAMI FL 33184 | | | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | 3: Date Incorporated or Qualifed | |
| | | | | | | 03/03/1998 | |
| Principal Place of Business Za. Mailing Address | | | | | | 4. FEI Number Applied Fo | |
| 21 | | 26 | | | | 65-08/6824 Not Applic | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | | 5. Certificate of Status Desired Security Securi | al |
| City & State City & State | | | | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | 28 | | | Country | | Trust Fund Contribution Added to Fees | ¯ |
| Zip | | | Country | | 8. This corporation owes the current year Intangible Personal Property Tax. | | |
| 24 | | 25 29 30 30 Name and Address of Current Registered Agent | | | | Personal Property Tax. Yes 10. Name and Address of New Registered Agent | $\overline{}$ |
| RAMOS, ELIEL | | | | 81 | Name | | \neg |
| 1432 SW 131 PL. CIRCLE EAST | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | ress (P.O. Box Number is Not Acceptable) | |
| MIAMI FL 33184 | | | | 83 | , | | - |
| | | | | | | | |
| | | | | 84 City | | FL 85 Zip Code | |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Stat | tutes, the a | bove | named corp | poration submits this statement for the purpose of changing its registe | red |
| office or r | registered agent, or both, in the State im familiar with, and accept the obliga | of Florida. Such change was | s authorized | d by t | the corporati | on's board of directors. I hereby accept the appointment as registered | 1 |
| SIGNATURE | | | | | | | _ |
| | Signature, typed or printed name of registered age | nt and title if applicable. (NO ID DIRECTORS | | d Agent | signature require | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | <u>@</u> |
| 12. | D OFFICERS AN | DELETE | 13. | TLE | | | ddition |
| NAME | RAMOS, ELIEL | | | 1.2 NAME | | | 3 |
| STREET ADDRESS | 1432 SW 131 PL. CIRCLE EAS | т | 1.3 S | TREET. | ADDRESS | • | } { |
| CITY-ST-ZIP | MIAMI FL 33184 | | | ITY-ST | | | } |
| TITLE | D DELETE | | 2.1 TI | 2.1 TITLE | | ☐ Change ☐ A | ddition |
| NAME | | | 2.2 N | 2.2 NAME | | | 1 |
| STREET ADDRESS | 1432 SW 131 PL. CIRCLE EAS | T | 2.3 \$ | TREET | ADDRESS | . ^ . | |
| CITY-ST-ZIP | MIAMI FL 33184 | | - | TY-ST | T- ZIP | | 4.430 |
| TITLE | | | 3.1 TI | | | ☐ Change ☐ A | ddition |
| _NAME | | | 3.2 N | - | | and the same and t | |
| STREET ADDRESS | | | | | ADDRESS | | - |
| CITY-ST-ZIP | | □ ncicte | 3.4. C | ITY-SI | T-ZIP | ☐ Change ☐ A | ddition |
| TITLE | | LJ DELETE | 4.1 II 4. 2 N | | - | | |
| NAME STREET ADDRESS | | | 1 | | ADDRESS | | - |
| STREET ADDRESS | | | | ITY-ST | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 5.1 TI | | - 2.15 | ☐ Change ☐ A | ddition |
| NAME | | | 5.2 N | | | · | |
| STREET ADDRESS | | | 5.3 S | TREET. | ADDRESS | | - |
| CITY-ST-ZIP | | | 54 C | πy-sτ | -ZIP | | } |
| TITLE | | ☐ DELETE | 6.1 TI | TLE | | ☐ Change ☐ A | ddition |
| NAME | | | 6.2 N | AME | | | } |
| STREET ADDRESS | | | 6.3 S | TREET | ADORESS | | } |
| CITY-ST-ZIP | | | 6.4 C | ITY-ST | -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 attachment with an address with all other like expowered.