FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000022131

CUDA NET, INC

FILED Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90003 005 ***150.00



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Principal Place of Business Mailing Address					Ì		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1641-TYLER ST. #7									
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020						DO NOT WRITE IN THIS SPACE			
					}	3. Date Incorporated or Qualifed		SPACE	 -
						03/09/1998			
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	2	Ap	oplied For
21 /632 CLEVELWS STEET 26 /632 CLE			LAND SNEET			65-089320	0	No	ot Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional
22 ;		27				3. Comments of Carlot Desires		. Fee Re	beniupe
City & State City & State			\mathcal{V}_{α}			6. Election Campaign Financing			May Be
23 11-0 9	ywers, tha	28 Holly weep	کرک	<u> </u>		Trust Fund Contribution			to Fees
¬ Zipファ	O LO [25]	Zip 7 70 120 30	Cour	try		8. This corporation owes the cur	rent year in		□No
24 77			<u> </u>			Personal Property Tax.	Donictored	Acont	
	9. Name and Address of Curre	nt Registered Agent	-+	B1 Name		10. Name and Address of New	vedisieien	Agent	
GA	RCIA, BENIGNO		ľ	110			٠		
	11 TYLER ST. #7		ſ	B2 Street	Addres	P.O. Box Number is Not Accept	able)	_	
	LLYWOOD FL 33020		-	83 /6 3) I (LEVECTARY	TREE	<u>J</u>	
1,0			- 1	••	3				
			Ī	84 City	1/1	4 WOD	EI	85 Zip (Code
=	at to the provisions of Sections 607.050	00 1 007 1500 Flid- Statistica	#h h	1		· · · · · · · · · · · · · · · · · · ·	PUITOGO O	t changing its	
office or	registered agent, or both, in the State	of Florida. Such change was auth	orized	by the corp	oration's	s board of directors. I hereby acce	pt the appo	intment as re	gistered
agent. I	an familiar with and accept the obliga	ations of, Section 607.0505, Florid	a Statu	es.		alasha			ļ
SIGNATUR	1 f abigno	ANOTE BE	alata - d	gent signature	anniiend ud	2/25/99	DATE		
12.	Sterature, typed or printed name of registered age	ND DIRECTORS	13.	igent signature	required wi	ADDITIONS/CHANGES TO O		ND DIRECTO	ORS IN 12
TITLE	P.D.	☐ DELETE	1.1 TITE	 Е	P. 0			Change	Addition
NAME			12 NAM		200	14.10 GARCIA			
STREET ADDRES	BENIGNO GARCÍA 1632 CLEJELAND	STREET	ŀ	 EET ADDRESS	162	CIPUELA JO STRO	et		
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CITY-ST-ZIP				r-ST-ZIP					į
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NAME)		5.2 NA					•	
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TITLE	 	☐ DELETE	6.1 TITL		\vdash			Change	Addition
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				EET ADDRESS					ŀ
STREET ADDRES	3				1				1

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 empowered.

SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR