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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harrig

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000029521

1. Corporation Name NUMANTIA TOWER INC.

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

04-14-1999 90046 009 ***150.00



,									
Principal Place	e of Business	Mailing Address				- I (SB)(BB) IED FOIE) IDII) BBIH ODIII GOIII ED		I ISBUE IIBI IUBI	
277 N. COCONUT LN. 277 N. COCONUT LNIAMI BEACH FL 33139 MIAMI BEACH FL 3						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	:		
	·					03/30/1998			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 65-0827803	` —	plied For	
21		26				69-002 1005		t Applicable	
Suite, Apt.	#, etc. :	Suite, Apt. #, etc.				5. Certificate of Status Desired	*	Additional equired	
City & State		City & State				6. Election Campaign Financing		May Be	
23	The state of the s	28				Trust Fund Contribution	•	to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year	Intangible		
24	25		30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	ed Agent		
ADIA	C VOLANDA			81 Na	me	-		.]	
	is, yolanda N. Coconut Ln.			82 Str	eet Addre	ss (P.O. Box Number is Not Acceptable)			
	MI BEACH FL 33139			83					
ime an	in percent 2 do los			83			·		
	*			84 City	у		85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	s, the a	bove-nan	ned corpo	ration submits this statement for the purpose	of changing its	registered	
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was at	uthorized	i by the c	orporation	n's board of directors. I hereby accept the app	pointment as re	gistered	
	in laminal with, and accept the obligation	una un declium uur loudu, mui	100 000	0.00.				(
SIGNATURE	Signature, typed or printed name of registered agent	THE PLANTS AND THE				when reinstation) DATE			
	Organization C, typod or printed from or regions on agent	and title if applicable. (NOTE:	Registered	Адепі ѕідпа	itare required				ć
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			100
TITLE			13.	TLE Pres	s. Jos	ADDITIONS/CHANGES TO OFFICERS Pe Miguel Aldevero	AND DIRECTO	DRS IN 12	100/77/
TITLE NAME		DIRECTORS	13. 1.1 TI 1.2 N	TLE Pres	5. Jos	ADDITIONS/CHANGES TO OFFICERS DE Miguel Aldavero N. Coccnut Lane			100/11/100
TITLE NAME STREET ADDRESS	OFFICERS AND	DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE Pres AME TREET ADDR	5. Jos	ADDITIONS/CHANGES TO OFFICERS Pe Miguel Aldevero			100/14/100700
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DIRECTORS	13. 1.1 Π 1.2 N 1.3 ST 1.4 CI	TLE Press AME TREET ADDR	S. Jos 277 Mia	ADDITIONS/CHANGES TO OFFICERS DE Miguel Aldevero N. Coccrut Lane mi Beach, FL 33139			70070700
NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND	D DIRECTORS	13. 1.1 Π 1.2 N 1.3 ST 1.4 CI	TLE Press	S. Jos 277 Mia	ADDITIONS/CHANGES TO OFFICERS De Miguel Aldavero N. Coccnut Lane mi Beach, FL 33139 anda Arias	Change	Maddition	VOD 4 4 4 100 1
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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 supplied ental 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 of th