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PROFIT 🔐 CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000031754 1. Corporation Name

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90073 004 ***150.00

AMERIC	AN CROSSCUT, INC.											
Principal Place	of Business	Mailing Address					1 100010001 (10	18:01 211 8311			12001 0	
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HIALEAH FL 33012 HIALEAH FL 33012							DO NOT WRITE IN THIS SPACE					
							3. Date Incorporat	ed or Qualifed	İ			
							04/06/1998		· • · · ·			
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Number	4095		<u> </u>	+ ' '	lied For
21		26					165_08_0	7-22		60		Applicable_
Suite, Apt.	#, etc.	Suite, Apt. #, etc					5. Certifcate of Sta	atus Desired		•	e Req	dditional uired
22 City & State	e	City & State					6. Election Campa	ion Financino		\$5	00 6	May Be
23	v	28					Trust Fund Con	•		-	ded to	·
Zip	Country	Zip	Co	untry			8. This corporation	owes the cu	rrent year	Intangible		
24	25	29	30				Personal Prope	rty Tax.		Yes		□No
	9. Name and Address of Curr	ent Registered Agent					10. Name and Add	iress of New	Register	d Agent		
				81	Name							
	GADO, CLARA			82	Street	Addres	ss (P.O. Box Number	is Not Accep	table)			
	WEST 32ND PLACE											
HIAL	EAH FL 33012			83								
				84	City					L 85	Zip Co	ode
				1 1				stamont for th	e purpose	of changin	g its r	egistered
11. Pursuant office or n	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 607.1508, Florida 5 te of Florida. Such change v igations of, Section 607.0505	Statutes, the a vas authorize 5, Florida Sta	above d by t tutes.	-named the corp	corpor	's board of directors.	I hereby acce	ept the ap	pointment a	is regi	istered
11. Pursuant office or n agent. I a	m familiar with, and accept the obti	gations of, Section 607.0505	o, Florida Sta	tutes.	<u></u>			I hereby acce		pointment a	s regi	istered
agent. I a	m familiar with, and accept the obti	gations of, Section 607.050:	(NOTE: Registere	d Agent	<u></u>		when reinstating)		DATE			
agent. I a SIGNATURE 12.	m familiar with, and accept the oblishing signature, typed or printed name of registered to OFFICERS.	gations of, Section 607.0505	(NOTE: Registere	d Agent	<u></u>				DATE		СТОР	
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered to OFFICERS	gations of, Section 607.0505 agent and title if applicable. AND DIRECTORS	(NOTE: Registere 13.	d Agent	<u></u>		when reinstating)		DATE	AND DIRE	СТОР	RS IN 12
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14. I hereby certify that the information supplied with his 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 received of trystee 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 or an attachment of the corporation of the received of the corporation of the received of the corporation of the corporation of the received of the corporation o

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR