PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000033359

Country

9. Name and Address of Current Registered Agent

25

5460 N.W. 177TH TERRACE OPA-LOCKA FL 33055 1

BORGES, ABDIEL A

OPA-LOCKA FL 33055

21

22

23

24

Zio

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

RELIABLE CAPTAIN SERVICES. INC.

•	
Principal Place of Business	
1 Thicipal Chaod of Codinicad	•
SARO NW 177TH TERRACE	

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

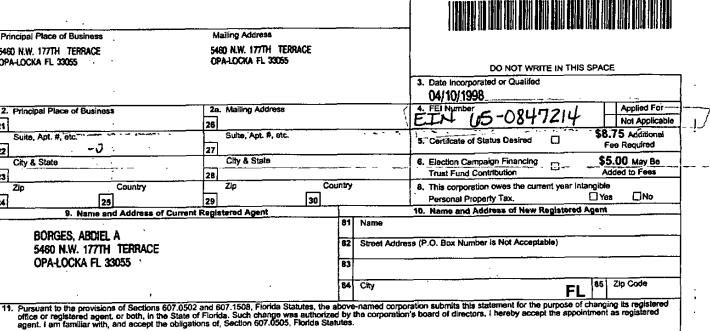
29

Zip

5480 N.W. 177TH TERRACE OPA-LOCKA FL 33055

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90222 021 ***150.00



SIGNATURE Signature, typed or printed name of registered agent and tide if applical ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE TITLE 11 TITLE BORGES, ABDIEL A 1 2 NAME 5460 N.W. 177TH TERRACE 1.3 STREET ADDRESS STREET ADDRES OPA-LOCKA FL 33055 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 21 TITLE TITLE 22 NAME NAME 2.3 STREET ACCRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STORET ANNOFS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 OTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 61 TITLE TITLE 62 NAME NAME R 3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

Country

81 Name

62

84 City

30

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.

(11/98)

CR2E034