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

. PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90007 039 \*\*\*150.00

DOCUMENT #	P98000041904
. Causansian Nausa	

Corporation Name

IMC INSTALLATIONS INC

ONIO INC	TALLATIONO INC.	•						
Principal Plac	e of Business	Mailing Address				1 100 (100 t )10 10101 1011 001(1 001(1 001))		
14640 S.W. 951 MIAMI FL 3318		14640 S.W. 95TH LANE MIAMI FL 33186						
	•					DO NOT WRITE IN THI	S SPACE	,
						3. Date Incorporated or Qualifed 05/08/1998		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number 85 83 14	<u> </u>	plied For t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired -	\$8.75 A Fee Re	
City & Sta	te	City & State				6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> Added t	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year li	ntangible	
24	25	29	30			Personal Property Tax.	Yes	□No
<del>1</del>	9. Name and Address of Currer		<u> </u>	L		10. Name and Address of New Registered	d Agent	
****	e e e			81	Name			
1464	IPANARO, MARGARITA 10 S.W. 95TH LANE	energy of the		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
MIAI	VII FL 33186	િ કુદ્ર જે કે ફેર્ટ, સ્ટ્રેફિંગ		83	-	· · · · · · · · · · · · · · · · · · ·	·- ·	
				84	City		85 Zip (	Code
office or I	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations of the section of	of Florida, Such change was	authorized	1 bv	the comorat	poration submits this statement for the purpose of the purpose of the special state of the purpose of the special state of the special	ointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered	Agent	1 signature requir	red when reinstating) DATE		
12.		ID DIRECTORS	13.		— т	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TI	TLE	Ì		☐ Change	☐ Addition
NAME	CAMPANARO, JORGE		1.2 N	AME				
STREET ADDRESS	1		1,3 \$	TREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186		1.4 C	TY-ST	T-ZIP			
TITLE	SD	☐ DELETE	2.1 TI	TLE			Change	☐ Addition
NAME	CAMPANARO, MARGARITA		2.2 N	AME			- 4	- 1
STREET ADDRESS			2.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186			iTY-S	T-ZIP		Change	- Addition
TITLE		☐ DELETÉ	3.1 TI				Change	Addition
NAME	1		3.2 N		1			ļ
STREET ADDRESS	^				ADDRESS			į
CITY-ST-ZIP		C BELEFF	_	ITY-\$	T-ZIP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TI					
NAME			4. 2 N					
STREET ADDRESS					ADDRESS			J
CITY-ST-ZIP	ļ			ITY-S1	T-ZIP		☐ Change	Addition
TITLE	1	☐ DELETE	5.1 TI				□ cuange	□ Yourson
NAME			5.2 N		ADDDESS			}
STREET ADDRESS					ADDRESS	•		
CITY-ST-ZIP		☐ DELETE	5.4 C	TY-SI	1-217		Change	☐ Addition
TITLE	}	□ £crcie	6.2 N				Sittinge	
NAME	1		1		ADDRESS			ı
STREET ANNRESS								

CITY-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 empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS