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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000045062

1. Corporation Name

MANUEL E. BITTSTS, INC

Principal Place of Business

Mailing Address

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90034 004 ***150.00

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	ONW ISTPL	P.O. 60	D 45		177					
8260 NW 1STPL P.O. BOX . MISMI, FL. 331ND MIAMI, FL.				33162			DO NOT WRITE IN THIS SPACE			
1-01 21		111211110	4, 55	′ ′		3.	Date Incorporated or Qualifed 5/19/199	7.8	,	
Principal Place of Business 2a. Mailing Address							FEI Number		Ар	plied For
1		26								t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desire				\$8.75 A Fee Re	
City & State City & State						6. Election Campaign Financing Trust Fund Contribution -			\$5.00 Added t	May Be o Fees ——
Zip	Country Zip Cou				ountry		This corporation owes the curre	nt year in	tangible	
4	25 29 30						Personal Property Tax.		Yes	□No
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
BUTISTS, MANUEL E.				81	82 Street Address (P.O. Box Number is Not Acceptable)					
MISMI, OZ. 331VD				83						
in the second					City	FL 85 Zip Code				
office or	nt to the provisions of Sections 607.050 registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change to ions of, Section 607.050	was authorize 5, Florida Stat	d by tutes.	the corporatio	on's b	pard of directors. I hereby accept	t the appo	changing its intment as req	registered gistered
SIGNATUR	Signature/typed or printed name of registered agent	and title if applicable.	ANUEL (NOTE: Registered	Agen	i signature required	S when	TL-PICESIDEDT reinstating)	DATE	139/9	<u> </u>
12.	OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	DP □ DELETE 1.1 TI					Change			Addition	
				1.2 NAME						

8260 NW 1ST PL 1.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition DELETE ☐ Change 2.1 TITLE DILE :I/ME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME MAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CHY-ST-ZIP ☐ DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME MAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME MAME 6.3 STREET ADDRESS TIREET ADDRESS 6.4 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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR