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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # P98000049118 1. Corporation Name

FILED May 05, 1999 8:00 am Secretary of State 05-05-1999 90190 041 ***150.00

	SHUES, CUHP								
Principal Place	e of Business	Mailing Address				-	DIII HIDID IR IDI I	\$881 \$188) 1811 \$881	
4702 NW 115TH		4702 NW 115TH TEF	RACE					7	
CORAL SPRING		CORAL SPRINGS FL				1			
						DO NOT WRITE IN T	HIS SPACE		_
						3. Date Incorporated or Qualifed 06/02/1998			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				65-0863337		Not Applicable	e
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.			5. Certifcate of Status Desired		5 Additional	
22 ·		27				5. Certificate of Status Desired	Fee	Required	_
City & State		City & State			_	6. Election Campaign Financing		00 May Be	-
23		28				Trust Fund Contribution	Add	ed to Fees	_
Zip	Country	Zip	F7	untry		8. This corporation owes the current year			1
24	25	29	30			Personal Property Tax.	Yes	□No	_
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Register	ea Agent		-
DAVI	LA, OSCAR J			"	wame				
	N. STATE ROAD 7, #3			82	Street Addre	ss (P.O. Box Number is Not Acceptable)			ì
	DERHILL FL 33313			83					⊣
	SERVICE I E OSOTO			83					
'				84	City		-L 85 Z	ip Code	
44 Durauont	to the provisions of Sections 607.050	12 and 607 1508 Florida	Statutes the	ahove	-named como	ration submits this statement for the nurnos	of changing	its registered	
office or re	egistered agent, or both, in the State	of Florida. Such change	was authorize	ed by t	the corporation	n's board of directors. I hereby accept the a	pointment a	s registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.050	05, Florida Sta	itutes.					ì
									- 1
SIGNATURE	Streature, broad or printed name of registered age	nt and title if applicable.	(NOTE: Registere	d Agent	signature required	when reinstating) DATE			
	Signature, typed or printed name of registered age OFFICERS AN				signature required			TORS IN 12	
12.	OFFICERS AN	nt and title if applicable. ND DIRECTORS	13.		signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS			n (2,7,7)
12.	PRESIDENT	ND DIRECTORS	13. ETE 1.1 T		Signature required		AND DIREC		n n n n n n n n n n n n n n n n n n n
12.	PRESIDENT OCCUP DAULCA	ND DIRECTORS DELE	13. ETE 1.1 T 1.2 N	TITLE NAME	signature required		AND DIREC		ICO 4 / 4 / 100
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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 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 attachmen) with an address, with all other like empowered.

SIGNATURE: ______

RIOSCAREDAVICA

954-327-1119.