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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

### **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P98000049640**1. Corporation Name EMERALD LAKES WEST INC.

# **FILED** Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90002 049 \*\*\*158.75



2189 WEST 60T	e of Business	Mailing Address							•		
2100 11001 001	'H STREET	2189 WEST 60TH STREET									
SUITE #205		SUITE #205			DO NOT WRITE IN THIS SPACE						
HIALEAH FL 33016		HIALEAH FL 33016			3. Date Incorporated or Qualifed						
						06/03/1		-			
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Numb		200	Ţ	Applied	l For
21		26				65-	-0837	107		Not Ap	plicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				- <del>VA -</del>		Ã.	\$8:7	5 Addit	ional ~
22		27			5. Certificate	of Status Desired	×	Fee	Require	ed be	
City & State		City & State			6. Election C	ampaign Financing		\$5.	00 May	Be	
23	-	28				I	d Contribution	' <sup>□</sup>	, -	led to Fe	
Zip	Country	Zip	Cour	ntry		8. This corpo	pration owes the cu	rrent year Inta	ngible		
24	25	29	30				Property Tax.	•	Yes		lo ]
	9. Name and Address of Current					10. Name and	d Address of New	Registered A	gènt		
				81 h	Name						
FANC	O, JOSE E		-	-	34 A A	(D.O. Bay No	umbaa ia Nat Asson	table)			
2189 WEST 60TH STREET				82 5	Street Addi	ress (P.O. Box No	(P.O. Box Number is Not Acceptable)				
SUIT	E #205		F	83		*****	<del></del>				
HIAL	EAH FL 33016						····		,		
				84	City			FL	85	Zip Code	1
44 Dureuant t	to the provisions of Sections 607.0502	and 607 1508. Florida Statute	s the ab	OVE-N	amed corp	poration submits the	his statement for th	e numose of o	hanging	its regi	stered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	i Fiorida. Such change was au	itnonzea	DV INC	e corporation.	on's board of dire	ctors. I hereby acco	ept the appoin	tment a	s registe	red
SIGNATURE		AVOTE	B 300000	••	Tables sequire	ad whon minetation		DATE			<del></del>
Signature, typed or printed name of registered agent a  OFFICERS AND			13.	Agent są	gristare require	ad when reinstating)	S/CHANGES TO O		DIRE	CTORS	N 12
12.	D OFFICERS AND	DELETE	1.1 TITI			ROBITION	3/01// TOLO 10 0	,	☐ Char		Addition
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I hereby certify that the information supplied with the filling goes 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 functes 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.

SIGNATURE: