1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000053636

1. Corporation Name

ALDO ASSOCIATES, INC.

Principal Place	e of Business	Mailing Address							
4201 NE 21ST .	AVENUE	4201 NE 21ST AVENUE							
#1 FT. LAUDEDALE FL 33308 FT. LAUDEDALE FL 33308						DO NOT WRITE IN	N THIS SPACE		
						3. Date incorporated or Qualifed			
						06/16/1998		}	
2. Principal Pl	ace of Business	2a. Mailing Address				4 SELNumber	A	pplied For	
21		26				650843341		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22		27				J. Common C. Charles Dosnot	Fee R	lequired	
City & State	e	City & State	-			6. Election Campaign Financing		May Be	-
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip		intry		8. This corporation owes the current y	rear Intangible ☐ Yes	No No	
24	25	29 Pagistared Agent	30	ı —		Personal Property Tax.  10. Name and Address of New Regis	·	<del>/</del>	
	9. Name and Address of Current	Registered Agent		81 N	Name	10. Name and Address of New Address		· -	
D'AN	MBROSIO, ALDO R								
	NE 21ST AVENUE			82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)			
#1				83					
FT. l	AUDEDALE FL 33308						7		
				84 0	City		FL 85 Zip	Code	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	authorized	d by the	e corporation	oration submits this statement for the purp n's board of directors. I hereby accept the	e appointment as r	egistered	
SIGNATURE	Object to the state of a second page of	and title if seriesable (NOTE	· Danielered	Agent sig	hettiner regutar	when reinstating)	DATE	<del></del> {	
	Signature, typed or printed name of registered agen OFFICERS AN		<u> </u>	Agent sig	gnature required			ORS IN 12	(86)
12.	OFFICERS AN		Registered		gnature required	when reinstating) D ADDITIONS/CHANGES TO OFFICE			(11/98)
	OFFICERS AN	D DIRECTORS	13.	TLE	gnature required		RS AND DIRECT		34 (11/98)
12.	OFFICERS AN	D DIRECTORS	13. 1.1 TI 1.2 N/	TLE			RS AND DIRECT		E034 (11/98)
12. IIILE NAME STREET ADDRESS	PD D'AMBROSIO, ALDO R	D DIRECTORS	1.1 TI 1.2 N/ 1.3 Si	TLE AME	DRESS		RS AND DIRECT	☐ Addition	R2E034 (11/98)
12. TITLE NAME	PD D'AMBROSIO, ALDO R 4201 NE 21ST AVENUE	D DIRECTORS	1.1 TI 1.2 N/ 1.3 Si	TLE AME TREET AD	DRESS		RS AND DIRECT	☐ Addition	CR2E034 (11/98)
12. IITLE NAME STREET ADDRESS CITY-SI-ZIP	PD D'AMBROSIO, ALDO R 4201 NE 21ST AVENUE	D DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 S7 1.4 CI	TLE AME TREET AD ITY-ST-ZII	DRESS		RS AND DIRECT	☐ Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD D'AMBROSIO, ALDO R 4201 NE 21ST AVENUE	D DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 S7 1.4 CI 2.1 TI 2.2 N/	TLE AME TREET AD ITY-ST-ZII	ORESS P		RS AND DIRECT	☐ Addition	CR2E034 (11/98)
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PD D'AMBROSIO, ALDO R 4201 NE 21ST AVENUE	D DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 S	TLE AME TREET AD ITY-ST-ZII TLE AME	ORESS P		RS AND DIRECT ☐ Change ☐ Change	☐ Addition	CR2E034 (11/98)
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PD D'AMBROSIO, ALDO R 4201 NE 21ST AVENUE	D DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 S	TLE AME TREET ADA ITY-ST-ZII TLE AME TREET ADI TREET ADI	ORESS P		RS AND DIRECT	☐ Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'AMBROSIO, ALDO R 4201 NE 21ST AVENUE	D DIRECTORS  DELETE  DELETE	13. 1.1 TI 1.2 N/ 1.3 Si 1.4 CI 2.1 TI 2.2 N/ 2.3 Si 2.4 C	TLE AME TREET ADI TLE TLE AME TREET ADI TLE AME TREET ADI	ORESS P		RS AND DIRECT ☐ Change ☐ Change	☐ Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD D'AMBROSIO, ALDO R 4201 NE 21ST AVENUE	D DIRECTORS  DELETE  DELETE	13. 1.1 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 CI 3.1 TI 3.2 NV	TLE AME TREET ADI TLE TLE AME TREET ADI TLE AME TREET ADI	DORESS DORESS		RS AND DIRECT ☐ Change ☐ Change	☐ Addition	() CR2E034 (11/98)
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'AMBROSIO, ALDO R 4201 NE 21ST AVENUE	D DIRECTORS  DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TI 3.2 NV 3.3 ST 3.4 CC 4.1 TT 4.2 NV	TLE  AME  TREET ADM  ITY-ST-ZI  TLE  AME  ITREET ADM  ITY-ST-ZI  ITLE  AME  TREET ADM  ITREET ADM  ITR	ORESS P DRESS DRESS DRESS		RS AND DIRECT	Addition Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD D'AMBROSIO, ALDO R 4201 NE 21ST AVENUE	D DIRECTORS  DELETE  DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 CC 3.1 TI 3.2 N/ 3.3 ST 3.4 CC 4.1 TI 4.2 N/ 4.3 ST	TLE  AME  TREET ADI  TLE  AME  TREET ADI  TTLE  AME  TREET ADI  TTLE  AME  TREET ADI  TR	ODRESS DDRESS DDRESS DDRESS		RS AND DIRECT	Addition Addition	(RZE034 (11/98)
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD D'AMBROSIO, ALDO R 4201 NE 21ST AVENUE	D DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NN 2.3 ST 2.4 CC 3.1 TI 3.2 NN 3.3 ST 4.4 CT 4.1 TI 4.2 NN 4.3 ST 4.4 CC 5.1 TI 5.2 NN 5.3 ST	TLE  AME  TREET ADI  TITY-ST-ZI  TILE  AME  TREET ADI  TITY-ST-ZI  TILE  AME  TREET ADI  TITY-ST-ZI  TILE  TREET ADI  TITY-ST-ZI  TILE  TREET ADI  TITY-ST-ZI  TILE  TREET ADI  TITY-ST-ZI  TILE  TREET ADI  TITY-ST-ZI  TITY-	ORESS P DORESS DORESS DORESS DORESS DORESS		RS AND DIRECT	Addition Addition Addition	CR2E034 (11/98)
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6.4 CITY-ST-ZIP 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

**FILED** Feb 21, 1999 8:00 am

Secretary of State

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