PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90006 029 ***150.00

1. Corporation Name SUNDO, INC. P98000056800										
Principal Pt	ace of Business	Mailing Address	•			-{ I LABETTADAT EINE TRIBUL EUTET UNUT ME	JAP BADIP BARAD DI))	
7091 NW 77TH TERR 7091 NW 77TH TERR MEDLEY FL 33166 MEDLEY FL 33166						1. 2.				
						DO NOT WRIT	E IN THIS S	PACE		
						3. Date incorporated or Qualifed				1
2. Principal Place of Businessa 2a Mailting Address						06/25/1998		,,		_}
34					4. FEI Number 65-085789	1	\rightarrow	pplied For	4	
[20]		Suite, Apt. #, etc.				03-083703			lot Applicable	┨
22 27		⊢	oute, rept w, and			5. Certificate of Status Desired			Additional lequired	
0'4 6 0		City & State				6. Election Campaign Financing			May Be	1
23		28				Trust Fund Contribution			to Fees	
Zip Country . Zip .			Country			8. This corporation owes the curre	nt year Intan			1
24	[25]	29	30			Personal Property Tax.	_	Yes	□No]
····	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New R	egistered Ag	ent]
FI.O	ORIDO, HUGO	•		81 Nam	•		-		•	İ
2100 W 76TH ST				82 Stree	t Addres	ss (P.O. Box Number is Not Acceptal	ole)		··	1
HIALEAH FL 33016						·				1
				83						1
				84 City				85 Zip	Code	1
11. Pursuan	to the provisions of Sections 607 050	12 COZ 1500 El	4	<u> </u>			<u>FL</u>			
	t to the provisions of Sections 607.050 registered agent, or both, in the State				oration	ation submits this statement for the p 's board of directors. I hereby accept	urpose of cha the appointm	anging its iont as re	registered gistered	ĺ
	an remain with this secretif are oneds.	itions of, Section 607.0505, Flo	rida Stat	utes.						
SIGNATURE	Signature, Special pointed races of registered agen	N and tile if applicable	Registered	Agent signature	received to	funt ministration)	DATE			
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12	á
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14. I hereby cartify 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 associate 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 60 address, with all other like empowered.

SIGNATURE:

3058886299