

## **PROFIT** CORPORATION ANNUAL REPORT

1999



### FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT #

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

04-25-1999 90046 022 \*\*\*150.00

1. Corporation	Name + PASCOCI	13/213			
1	SON SYSTEMS, INC.				
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Principal Plac	ce of Business	Mailing Address		# I MENICON INC INCO: INCO: NAILL MAILL ANDIN ANDIN CONTRACTOR (1985 ) 1985 )	nu h <b>a</b> n
343 ALMERIA	AVENUE	343 ALMERIA AVENUE			
CORAL GABLE	E8 FL 33134	CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE	
			•	3. Date Incorporated or Qualifed	
<u> </u>	ويسومون والمرابع والمرابع		•	_06/26/1998	· \
2. Principal I	Place of Business	2a. Mailing Address	_ ^	4. FEI Number Applied	For
m624	41.5 JEX 17.	26 6241.5	TEXPT	59-3546250 Noi App	licable
Suite, Apt	L#, etc.	Suita, Apl. #, etc.		5. Certificate of Status Desired S8.75 Addition	
22	<u> </u>	27		Fee Require	<u> </u>
City & Sta	te -	City & State	CA F		
23 HOA	4U34354 TC	281 FROMOS HD.	Country	Trust Fund Contribution Added to Fee	15
しばい	LLCS 25 LISA	511118 F	W 115A	8. This corporation owes the current year Intangible Personal Property Tax.  Yes No.	,
<u> </u>	9. Name and Address of Current R	<del></del>	<u>~_                                    </u>	10. Name and Address of New Registered Agent	
	· · ·	<u> </u>	81 Name L	2001 (2001)	
	ERILAWYER		B2 Street Add	ress (P.Q. Box Mumber is Not Acceptable)	
	ALMERIA AVENUE		217	N. KOBIN HOOD KD.	
CO	BAL GABLES FL 33134		83)	( -	}
2.			84 City :	GENESS FL 85 Zip Code	-
 	· · · · · · · · · · · · · · · · · · ·			relness FL 13442	XO
11. Pursuant office or	t to the provisions of Sections 607.0502 a registered egent, or both, in the State of I	ind 607.1508, Florida Statutes Florida, Such change was aut	i, the above-named com horized by the corporati	oration submits this statement for the purpose of changing its registion's board of directors. I hereby accept the appointment as registers	erec d
agent, La	am familiar Mith candarcent the militari me	on of Cartion 607 0505 Florid	to Clatitoe	_	
		13 01, 350001 007.0005, 11010	a statistics.	way Con ordadog	
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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 algorithm with an address, with all other like empowered.

SIGNATURE: \_

REQUIASIO LAHAM