## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000059993

1. Corporation Name

DOMECO CORPORATION

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90154 034 \*\*\*150.00

Principal Place	of Business	Mailing Address								, p. 46 IIII I661
12117 GLENMORE DRIVE 12117 GLENMORE DRIVE										
CORAL SPRING	S FL 33071	CORAL SPRINGS FL 33	071				DO NOT WRITE	IN TUIC OF	2405	
						_	Do Not WRITE	IN THIS SE	ACE	
						3.	07/07/1998			İ
2 Principal Pl	ace of Business	2a. Mailing Address				4	FEI Number		Apr	plied For
<u> </u>						65-0851013			t Applicable	
Suite, Apt.	# etc	Suite, Apt #, etc							\$8.75 A	
22	, 5.5	27				5.	. Certificate of Status Desired		Fee Re	quired
City & State	e	City & State				6.	Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added to	. ,
Zip	Country	Zip	Cou	untry		8.	This corporation owes the curren	t year Inta <b>n</b>	gióle	
24	25	29	30				Personal Property Tax.		1 Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10	Name and Address of New Reg	gistered/Ag	ent	
				81	Name					
	ECQ, JUAN CARLOS			82	Street Ad	ldress (I	P.O. Box Number is Not Acceptable	e)		
	7 GLENMORE DRIVE									
COR	AL SPRINGS FL 33071			83						
İ				84	City				85 Zip C	Code
								FL		
11 Pursuant	to the provisions of Sections 607,050 egistered agent, or both, in the State	02 and 607.1508, Florida Sta	tutes, the a	bove	e-named co	rporatio	on submits this statement for the pu	urpose of ch	anging its	registered
								ше арроли	neur as ref	31366166
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was ations of, Section 607 0505.	S authorize Florida Stat	tutes.	the corpora	ation 3 D	,0210 01 0100001			
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607 0505.	Florida Stat	tutes.	the corpora	300113 0	, and a second s			
office or re agent. I ad SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 607 0505.	Florida Stat	tutes.	the corpora	iired when	(einstahing)	DATE		
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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 frue 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 tristee 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 affectment with an address, with all other like empowered.

SIGNATURE
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PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR