

**PROFIT CORPORATION** ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1 . Corporation	MENT# P98000 FAST BUSINESS CONSULTA							
Principal Place	of Business	Mailing Address				• • • • • • • • • • • • • • • • • • • •		
6003 NW 31ST	AVENUE	6003 NW 31ST AVENUE						
FORT LAUDERE	DALE FL 33309	FORT LAUDERDALE FL 333	109		DO NOT WRITE IN THIS	SPACE		
Į					3. Date incorporated or Qualifed	J OF NOL		1
		,						1
<u> </u>		D. \$4-31			07/13/1998 4. FEI Number	T LAS	plied For	1
2. Principal Place of Business 2a. Mailing Address					65-0848493	<del></del>	t Applicable	1
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					1 3 0 5 7	\$8.75		1
				5. Certificate of Status Desired	Fee Re		}	
22				·····	6. Election Campaign Financing	\$5.00	May Re	1
h-n		28			Trust Fund Contribution	Added 1		1
Zip	Country	Zip	Countr	у	8. This corporation owes the current year in	nangibie		}
24	25	29	30	•	Personal Property Tax.	<b>X</b> Yes	□No	J
	9. Name and Address of Current		-		10. Name and Address of New Registered	Agent		]
			81	Name				
BOGANI, HUMBERTO			82	Clarat Adda	ess (P.O. Box Number is Not Acceptable)			1
	3 NW 31ST AVENUE		64	Street Moule	eas (F.O. DOX Mulliber is Not Acceptable)			
FOR	T LAUDERDALE FL 33309		81	3				
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11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abov	e-named corpo	oration submits this statement for the purpose of in's board of directors. I hereby accept the appo	f changing its	registered	1
office or re	egistered agent, or both, in the State of	of Florida. Such change was au	thorized by	r the corporation	n's board of directors. I hereby accept the appo	iniment as re	gistered	1
1 20511.12								
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SIGNATURE	Signature, typed or printed name of registered agent			int agnisture required	when reinstating) DATE			<b>6</b>
SIGNATURE	·	and title if applicable. (NOTE:				ND DIRECTO	RS IN 12	1/98)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Age		when reinstating) DATE			(11/98)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND D BOGANI, HUMBERTO	and title if applicable. (NOTE:	Registered Age	nt agnetire required	when reinstating) DATE	ND DIRECTO	RS IN 12	34 (11/98)
SIGNATURE 12. TITLE	Signatura, typed or printed name of registered agent OFFICERS AND D BOGANI, HUMBERTO 6003 NW 31ST AVENUE	and title if applicable. (NOTE:	Registered Age 13, 1.1 TITLE 12 NAME	nt agnetire required	when reinstable) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	2E034 (11/98)
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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 supplimental 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 13 if changed, if or an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90157 008 \*\*\*150.00