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 # P98000067208

1. Corporation Name ALÚCOAST, INC.

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90079 009 ***150.00



7.20007										
Principal Place of Business Mailing Address								1 Identifier (in 1870) and only only		
11760 ROYAL PALM BLVD. 11760 ROYAL PALM BLVD.										
CORAL SPRINGS FL 33065 . CORAL SPRINGS FL 33065					•					
							ļ	DO NOT WRITE IN T	HIS SPACE	
			•					 Date Incorporated or Qualifed 07/29/1998 		
2. Principal Place of Business 2a. Mailing Address 26			g Address	dress				4. FEI Number 65-0854488	<u> </u>	plied For at Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75	Additional equired
22		27 City 8	State #					- Floring Commiss Financias	\$5.00	<u>:</u>
City & State		`	¬,					6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip Country				a. This corporation owes the current year				
	25	29 30					Personal Property Tax.			
24	9, Name and Address of Current			301				10. Name and Address of New Registe		
	g, Name and Address of Conem	, registered A	.go:it		81	Name		10. 110		
	AMILLO, JAIRO		der"		82		Addrag	on /D.O. Roy Number is Not Acceptable)		
11760 ROYAL PALM BLVD.				82	300007	Address (P.O. Box Number is Not Acceptable)				
COR	AL SPRINGS FL 33065				83					
				Ī	84	City			85 Zip	Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such	n change was au	thorized	by 1	the corpo	corpor	ation submits this statement for the purpos 's board of directors. I hereby accept the a	e of changing its opointment as re	registered gistered
SIGNATURE								when reinstation) DATI		}
	Signature, typed or printed name of registered agent OFFICERS ANI			13.	Agen:	t signature re	equireo v	ADDITIONS/CHANGES TO OFFICERS		DS IN 12
TILE	PD ·	J DIRECTORS	DELETE	1.1 TIT	ı			ADDITIONS/CHARGES TO OFFICE IN	☐ Change	Addition
	JARAMILLO, JAIRO			1.2 NA						
NAME	11760 ROYAL PALM BLVD.									
STREET ADDRESS						AODRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33065		☐ DELETE	1.4 CIT		r-Z\P			☐ Change	Addition
TITLE	VD		□ OÉTEIE	2.1 TIT					☐ onange	
NAME	ANGULO, FABIAN			2.2 NA						
STREET ADDRESS	11760 ROYAL PALM BLVD.			2.3 STI	REET	ADDRESS				1
CITY-ST-ZIP	CORAL SPRINGS FL 33065		- Delete	2. 4 CI	_	T-ZIP			☐ Change	Addition
TITLE	SD		☐ DELETÉ	3,1 TIT	_				L_J Change	Addition (
NAME.	ANGULO, MAGALY	ي معام من	e de la companya de l	3.2 NA			چيد،	والمراجع والمراجع والمراجع والمراجع والمنتفض والمراجع		
STREET ADDRESS	~11760-ROYAL-PALM-BLVD ^					ADDRESS		-	•	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		T DELETE	3.4. CIT		T-ZIP			Change	Addition
TITLE			☐ DELETE	4.1 TIT						[
NAME				4. 2 NA						
STREET ADDRESS						ADDRESS				
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TITLE			☐ DELETE	5.1 TIT 5.2 NA						ا المسامل ال
NAME						ADDRESS				
STREET ADDRESS										
CITY-ST-ZIP			רון חבו כדב	5.4 CIT 6.1 TIT		1-ZIP			☐ Change	Addition
TIΠLE			☐ DELETE	6.2 NA						
NAME						ADDRESS				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	_ \			6.4 CIT	Y-51	I-ZP				

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 attack pent with an address, with all other like empowered.

SIGNATURE: X

ine required RINTED NAME OF SIGNING OFFICER OR DIRECTOR