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 # P98000068779

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90023 005 ***150.00

1. Corporatio										
C.B.D. S	SERVICES, INC.									
Principal Place of Business Mailing Address							וופט וונטי ופוסו מסוומסו ו		ושי וונטו ושווש פו	*** 18819 1811 1891
9545 S.W. 47TH ST. 9545 S.W. 47TH ST. MIAMI FL 33165 MIAMI FL 33165							DO 1107 14	DITE IN TH	0.004.05	
								RITE IN TH	S SPACE	
							3. Date Incorporated or Qualif 08/06/1998			
2. Principal F	Place of Business	2a. Ma	ling Address				4. FEI Number	211		Applied For
21		26	,				<u>U5-08559</u>	04		lot Applicable
Suite, Apt.	. #, etc.	27 Sui	te, Apt. #, etc.	_			5. Certifcate of Status Desired			Additional Required
City & Sta	te	City	& State				6. Election Campaign Financir	g " ┌ ~ ~	\$5.00	May Be
23		28				·	Trust Fund Contribution		Added	to Fees
Zip	Country Zip			Cour	ntry		8. This corporation owes the current year Intangible			
24	25 29 30 9. Name and Address of Current Registered Agent			30			Personal Property Tax.			
	9. Name and Address of Cur	rent Registere	Agent	-	81	Name	10. Name and Address of Net	v Kegistere	Agent	
DUQ	QUE, CARLOS B									
	5 S.W. 47TH ST.				82	Street Add	Iress (P.O. Box Number is Not Acce	ptable)		
MIAMI FL 33165				ŀ	83					
				L				!		
				}	84	City		, FI	85 Zip	Code
11 Pursuant	to the provisions of Sections 607 0	502 and 607.1	508. Florida Statute	es, the ab	OVE	e-named con	poration submits this statement for t	ne numose r	of changing if	s registered
office or r	egistered agent, or both, in the Sta im familiar with, and accept the obl	ite of Florida S	uch change was a	uthorized	DV 1	the corporati	ion's board of directors. I hereby ac	cept the app	ointment as i	egistered
SIGNATURE		and the Warnell	AIOTE	- Basistanut /	\ann	t nignatura raquin	ed when reinstating)	DATE	•	
12.	Signature, typed or printed name of registered	AND DIRECTO		13.	-gen	it signature requir	ADDITIONS/CHANGES TO		ND DIRECT	ORS IN 12
TITLE	PD		☐ DELETE	1.1 TITL	Æ			,	☐ Change	☐ Addition
NAME	DUQUE, CARLOS B			1.2 NAM	ИE			6]
STREET ADDRESS	9545 S.W. 47TH ST.			1.3 STF	REET	ADDRESS		1		
CITY-ST-ZIP	MIAMI FL 33165			1,4 CIT	Y-ST	T-ZIP				
TITLE	SD		DELETE	2.1 1111					☐ Change	Addition
NAME	DUQUE, LUZ D			2.2 NAM	ΛE					ļ
STREET ADDRESS	9545 S.W. 47TH ST.			2.3 STF	REET	ADDRESS	}	i		ĺ
CITY-ST-ZIP	MIAMI FL 33165			2. 4 CIT	Y-8	T-ZIP	· ·			
TITLE			☐ DELETE	3.1 TITL	E		Na	- # :	☐ Change	- Addition
NAME				3.2 NAM	ИE			ri e		Ì
STREET ADDRESS				3.3 STR	REET	ADDRESS				
CITY-ST-ZIP				3.4. CIT	Y-S	T-ZIP				
TITLE		_	☐ DELETE	4.1 TITL	£)	Change	Addition
NAME				4. 2 NA	ME	\		1.		ļ
STREET ADDRESS				4.3 STF	REET	ADDRESS		,		. [
CITY-ST-ZIP				44 C/T	Y-ST	r-ZIP		l .		/ A 4 / ii
TITLE			□ DELETE	5.1 7171		Ì		11	Change	Addition
NAME				5.2 NAM		4DDD500		ļs.	•	ļ
STREET ADDRESS				4		ADDRESS				ĺ
CITY-ST-ZIP			E DELETE	5.4 CIT 6.1 TITL		1-ZIP			☐ Change	Addition
TITLE			☐ DELETE	6.2 NAA			•			
NAME				1		ADDDESC		1.1		į Į
STREET ADDRESS						ADDRESS		'		
CITY-ST-ZIP				6.4 CIT	r-ST	1-ZIP		1		

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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

EQUIRED VING OFFICER OR DIRECTOR