**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000070810

**FILED** Apr 16, 1999 8:00 am Secretary of State 04-16-1999 90035 019 \*\*\*150.00

O & 3 SERVICES CORP.								
Principal Plac	ce of Business	Mailing Address			f idatiant if tifter iffit anite dant ante entre	(EBIS EBIBE (BIE)	TERN AND DER	
420 N.W. 135	AVF	420 N.W. 135 AVE.						
MIAMI FL 33182 MIAMI FL 33162					1			
]					DO NOT WRITE IN THIS	S SPACE		1
}					3. Date Incorporated or Qualifed			}
					08/10/1998 4. FEI Number		N-4 Co-	
<del></del>	Place of Business	2a. Mailing Address			16-05-16 03-1	<del></del>	offed For	1
21	26 Suite, Apt. #, etc.			<u> </u>	63 00 10 13	\$8.75 A	Applicable	ł
Suite, Apt.	. #, etc.	}			5. Certificate of Status Desired	Fee Re		1
22 27 City & State City & State			_==		6 Cleution Compaign Financing	\$5.00		<u>-</u> -
23 28					Trust Fund Contribution	Added to		}
Zip Country Zip			Country 8		8. This corporation owes the current year In			1
24	[25]	<u> </u>	30		Personal Property Tax.		□No	1
	9. Name and Address of Curre				10. Name and Address of New Registered	Agent		
l ————				81 Name				ł
CABALLERO, ONIA				82 Street Add	dress (P.O. Box Number is Not Acceptable)			ł
420 N.W. 135 AVE.			1	oz Street Add	ress (P.O. Box Number is Not Acceptable)		ł	(
MIAI	MI FL 33182			83				
ļ						1-61-7-6		1
}				84 City	Fl	_ 85 Zip C	009	1
11 Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statutes	s, the a	bove-named com	poration submits this statement for the purpose of	f changing its	registered	l
office or	registered agent, or both, in the State	e of Florida, Such change was au	thorized da Stati	I by the corporati	on's board of directors hereby accept the appu	intment as reg	istered	i
		patoria or, occupii obi lococ, i toli					,	l
SIGNATURE	Signature, typed or printed name of registered ag	ont and title if applicable. (NOTE: F	legisleved	Agent signature require	ed when reinstating) DATE			اً ا
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			0/1
TITLE	PTD	☐ DELETE	IJπ	nlë		Change	☐ Addition	} ₹
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CITY-ST-ZIP	MIAMI FL 33182		2.3 ST	REET ADDRESS		_		
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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 turther 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 affect as if made under eath; 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 attachment with an address, with all other like empowered.

SIGNATURE: (

