PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000071185

1. Corporation Name

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90022 017 ***150.00

ANGA CO	RPORATION								
Principal Place of	of Business	Mailing Address			1 10811001	IN 18191 1811 NOTE BE	iiii aa ne i		I MINI AISI INAI
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					3. Date Incorpor				į
		l n Baritan Addana			08/14/199 4. FEI Number,	0		·	plied For
2. Principal Place	ce of Business	2a. Mailing Address				1			t Applicable
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Suite, Apt. #,	etc.	<u> </u>			5. Certifcate of S	Status Desired		Fee Re	
City & State		City & State			6, Election Cam	naign Financing		\$5.00	May Re
		28			Trust Fund C			Added	
23 Zip	Country	Zip	Country		8. This corporate		rent vear Int	angible	
	25	<u> </u>	30		Personal Pro		,	Yes	XNo
24	9. Name and Address of Current		30,		10. Name and A	7	Registered	Agent	
			81	Name		•			
ARANG	GO, EDUARDO S		-	.	, 	in Not Asses	abla)	•	
3184 MARY STREET			82	Street	Address (P.O. Box Numb	er is Not Accept	able)	*	
	FL 33133		83					•	
					<u> </u>			i	
			84	City			FL	85 Zip	Code
11. Pursuant to office or reging agent. I am 1	familiar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statutes		oration's board of director	·			}
office or regi agent. I am f SIGNATURE	familiar with, and accept the obligat gnature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable (NOTE	da Statutes		required when reinstating)	HANGES TO OF	DATE	ND DIRECTO	ORS IN 12
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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 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 trusted empowered to execute this report as required by Constant 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR