PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000072090 1. Corporation Name

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90048 006 ***150.00

Principal Place of Business	Mailing Address			1 (PEI/(BEI (IN 1915) 1914 CONT. CO.	** 00(*) 00**(*)				
5366 BAMBOO CT.	5366 BAMBOO CT.								
ORLANDO FL 32811 ORLANDO FL 32811									
				DO NOT WRIT	E IN THIS	SPACE		$\neg \neg$	
				3. Date Incorporated or Qualifed				- }	
				08/17/1998		1.0	- Bad E	_	
2. Principal Place of Business	2a. Mailing Address			(4) FEI Number 528176			pplied Fo		
21 26				33-3320170			lot Applic		- .
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired			Addition Required	iai	
22	27			 			<u> </u>		
City & State City & State				6. Election Campaign Financing) May Bo		
23 28				Trust Fund Contribution			10 FEES		<u></u>
Zip Country	Zip	Country □	= <u>:</u> 	8. This corporation owes the curr	ent year int	angible Yes	□No	- 1	
24 25 25	29 3	<u>o</u>		Personal Property Tax. 10. Name and Address of New F	Pagintagad .		<u></u>		
g, Name and Address of Current	Registered Agent			10, Name and Address of New P	(chiztelen)	- Haire			
A OLITA DA POMICATO		81	Name		_				
LOUZADA, ERNESTO		82	82 Street Address (P.O. Box Number is Not Acceptable)						
5366 BAMBOO CT.		L							
ORLANDO FL 32811		83						- 1	
		84	City			85 Zi	Code	$\neg \neg$	
		1 3			FL	.			
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State cagent, I am familiar with and accept the obligations.	and 607.1508, Florida Statutes of Florida. Such change was auti ions of, Section 607.0505, Florid	the above norized by a Statutes	-named corpo the corporation	ration submits this statement for the n's board of directors. I hereby accep	purpose of of the appoin	changing i ntment as i	ts negistered	d	
SIGNATURE Surposite types or preted name of registered agent	and title if applicable. (NOTE: R	egistered Ager	n signature required	when reinstating)	DATE				8
OFFICERS AN									
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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 is if 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 any attachment with an address, with all other like empowered.