## **PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

## DOCUMENT #

1. Corpo atro	IVIEIN I # on Name Hek Avenue Se.	welers, FRC						,
Principal Plac	e of Business	Mailing Address			1			
50	5 N. Park Ave	# 107						
1.5		_			DO NOT WRITE IN TH	IIS SPACE		
1	inter Purk, FI.	32785			3. Date Incorporated or Qualifed  1 - 1 - 9 9			
2. Principal F	Place of Business /	2a. Mailing Address			4. FEI Number	Ap	plied For	]
21		26			59-353/180		t Applicable	4
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		1
22		27						4
:City.&·Stat	10	City & State			=8 Election Campaign Financing =	**************************************	May Be	===
23 Zip	Country	28	Country		8. This corporation owes the current year			1
	25	29	30		Personal Property Tax.	Yes	No	1
24]	9. Name and Address of Current		1301		10. Name and Address of New Registers			1
			81	Name /				1
n	tmer: lawyer		_ -	Hn	ner i (awyer) ess (P.O. Box Number is Not Acceptable)		<u> </u>	┦
$\boldsymbol{\rho}_{\cdot}$	0. BOX 144479		82	Street Addre				
			83		AINTE			1
Co	ral Bubles, F1.	33114-4479				Incl. will a		4
			84	City	1 Cables F	B5 Zip C	3/3 </td <td>1</td>	1
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the above-r	named como	eration submits this statement for the purpose	of changing its	registered	1
office or r	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was a	uthorized by th	e corporation	n's board of directors. I hereby accept the app	ointment as rep	gistered	
agent. 1 a	Itti laitanai viini, and docupt the obligate	10110 01, 00011011 007 10000] . 10	Oldibiolog.					!
CIONIATURE								ł
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered Agent #	ignature required				<u>@</u>
SIGNATURE	OFFICERS AN	D DIRECTORS	13.	ignature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS			1/98)
	OFFICERS ANI		<del>_ ` ` </del>	ignature required		AND DIRECTO	RS IN 12	(11/98)
12. TITLE NAME	OFFICERS AND  PRESIDENT  JOSEPH A TORRES	D DIRECTORS	13.	ignature required				034 (11/98)
12. TITLE NAME	OFFICERS AND PREZIDENT TORRES  1720 E. KLICY ST.	D DIRECTORS	13. 1.1 TITLE					ZE034 (11/98)
12. TITLE NAME	PREZIDENT  JOSEPH A TERRES  1720 E. KLICY ST.  ORIUNDO, FI. 328	D DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 13 STREET AL 14 CITY-ST-2	DORESS		☐ Change	Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS	OFFICERS AND  PRESIDENT  JOSEPH A TORRES  1720 E. KLICY ST.  ORLUNDO, FI. 328  VICE - PRESIDENT	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET AI 14 CITY-ST-2 21 TITLE	DORESS				CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZP	OFFICERS AND  PRESIDENT  JOSEPH A TERRES  1720 E. KLICY ST.  ORIUNDO, FI. 328  VICE- PRESIDENT  GEORGE P. TORRES	D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET AI 1.4 CITY-ST-2 2.1 TITLE 2.2 NAME	DDRESS TP		☐ Change	Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PRESIDENT  JOSEPH A TERRES  1720 E. KLICY ST.  ORIGUNO, FI. 328  VICE- PRESIDENT  George P. Torres  307 Sterling lake I	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET AI 1.4 CITY-ST-2 2.1 TITLE 2.2 NAME 2.3 STREET AI	DORESS MP DORESS		☐ Change	Addition	CR2E034 (11/98)
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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 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:

DUEPH TORRES

May 24, 1999 8:00 am Secretary of State 05-24-1999 90009 046 \*\*\*150.00