FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED May 13, 1999 8:00 am Secretary of State

	1999	999 DIVISION OF CORPORATIONS			Secretary of State	
DOCUMENT # P980000 75805 /					05-13-1999 90047 026 ***150.00	
16	3 £ 5 Q	OSEWORK	, INC.			
	•			•	•	
•	ce of Business		ng Address			
2	245 U	1 1124 (10E.,			
HIDLESH, FC 33010						DO NOT WRITE ÎN THIS SPACE
1112100						3. Date incorporated or Qualified 8 31 98.
2. Principal Place of Business 2a. Mailing Address						4. FEI Number / Applied For
22 45 W // C/UE., 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						65-0860581 Not Applicable
Suite, Apr. W, etc.						5. Certificate of Status Desired
City & Sta	LEDIH	F L 28 :	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Cou		ip	Country		8. This corporation owes the current year intangible
330		29	36	0	<u></u>	Personal Property Tax. Yes No
· ·		dress of Current Register		81	Name	10. Name and Address of New Registered Agent
URSULA D. BRAVO"					Street A	Address (P.O. Box Number is Not Acceptable)
		1 11 00		02	Sugera	Address (P.O. Box Admicer is Not Acceptable)
\mathcal{H}	IDLES	H, FL =	33010	83	·	
/ 1	,,,	,		84	City	FI 85 Zip Code
11. Pursuani	to the provisions of S	ections 607 0502 and 607	1508. Florida Statutes	the above	 n-named d	
office or	registered agent, or bo	oth, in the State of Florida.	Such change was auth	orized by	the corpo	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
	(\mathcal{L})	ccept inerobilgations of, 3	- Cu	a claidles	•	4/20/99
SIGNATURE		ame of registered agent and title if ap	opticable. WOTE: Re	gistered Ager	it eignature re	quired when reinstating) DATE
12.	1.545	OFFICERS AND DIRECT		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	2 2	DELETE	1.1 TITLE		Change Addition
NAME		2, BROVO		1.2 NAME		
	2265 0	U 11 QUE.	· · · · · · · · · · · · · · · · · · ·		ADDRESS	•
CITY-ST-ZIP	HIALER	H, FL 3	DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP	☐ Change ☐ Addition
TITLE	D	7 130	_	2.1 TITLE 2.2 NAME		
NAME STREET ADDRESS	URSUCA	D. BROU	0	2.3 STREET	ADDRESS	
CITY ST 710	H 101 6 06	U II QUE	3010	2.4 CITY-S	1	
TITLE				3.1 TITLE	··_=	Change Addition
	RAFOEL	J. Sal	UDDOR	3.2 NAME		
STREET ADDRESS	2205 U	111 OVE	<i>'</i>	3.3 STREET	ADDRESS	•
CTT: ST-ZW	HIBLER	J, SAL J // OVE H, FL 3	3010	3.4, CITY-S	T-ZIP	
TILLE			☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
			,	4. 2 NAME		
ET ADAMERS	j			4.3 STREET		
CITT ST ZIP			☐ DELETE	4.4 CITY-\$1 5.1 TITLE	· ZIP	☐ Change ☐ Addition
-			23 5220.2	5.2 NAME	Ì	
susse i Alikinigaa	<u> </u>			5.3 STREET	ADDRESS	
] ", ST ZIP				5.4 CITY-ST	r- z1 P	
HILE	j ·		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
_				6.2 NAME	ĺ	
]			6.3 STREET	ADDRESS	
ST ZIP	<u> </u>			6.4 CITY-ST		LO AL LIO CHOCK FLORE CALLED TO ALL THE ALL TH
14. I hereby of	certify that the informa	ition supplied with this filing	g does not qualify for th	e exempti	on stated	in Section 119.07(3)(i), Florida Statules. I further certify that the information

1 Indicated on this annual report or supplied must use similar uses and decurate 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305. 888.7070