ٺ					
PERMITE USA TIPE	CORPORATION WILL	BE DISSOLVED	ON OR AFTER	SEPTEMBER 30 -	2000
"SMOUNT DUE ON O	D DEEDDE NO/30/OR: \$550	(IF DISSOLVED MI	NIMEIM AMOUNT DE	IF TO REINSTATE: \$7!	ናበነ 🖳

SECOND & S	TICE: CORPORATION WILL BE DI E ON OR BEFORE 09/30/98: \$550 (IF DIS	SSULVED ON OR AFTER SE SOLVED, MINIMUM AMOUNT DUE	PTEMBER 30, (2) To reinstate: \$750).	<u>0</u> 00.			• .		
	PROFIT FLORIDA DEPARTMENT OF STATE			· .	په و مسو				
	ORPORATION Sandra B. Morth INUAL REPORT Secretary of State					LED			
	200n	DIVISION OF CO		;	OD MAY I O	PM 1: 39			
					SECRETAR	Y OF STATE			
DOCUMENT # 19800083320					TALLAHAS	SEE, FLORIDA	,		
	DEEP	3 U.D.DY , =		;	1	الوارد			
					,	•	,		
Principal Place		Mailing Address 3138 Gill							
3138 4 7674					DO NOT WRITE IN THIS SPACE				
Cocon	ut Grove, FL 331	3. Date Incor	3. Date Incorporated or Qualified O9/25/1998						
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Numbe	er 65 (1110	Applied For		
21 7-9-2	6-Est-Drive-	28 7926 E3 Suite, Apt. #, etc.	Prive=	<u>65 =</u>	<u>086≥3</u>	88.7	Not Applicable 5 Additional		
Suite, Apt,	1	1	6	5. Certificate	of Status Desired	/ F .I	Required		
City & State	and FL.	City & State	A.	I	ampaign Financing Contribution		00 May Be ed to Fees		
Zip 2 2	Country	Zip	Country	8. This corpo	ration owes or has	paid the current year			
24 <u>)</u>)	9. Name and Address of Current	29 33 4 30 Registered Agent	420 [<u> </u>	roperty Tax due Jud Address of New		11 No		
	- 1 - 1	9 T 95	81 Name		-				
5	Oabriel Frats 2121 Ponce de Leon Blvd. 82 Street Address (P.O. Box Number is Not Acceptable)								
	Siite 240		83						
C	is val Cubles,	FL 33134	84 City		•	FL 85 Z	ip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered									
agent. I a	m familiar with, and accept the obligati	ons of, Section 607 0505, Florid	a Statutes.		, in the second	ı'			
SIGNATURE	Signature, typed or printed name of registered agent	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	legistered Agent signature re		SICHANGES TO OF	DATE FICERS AND DIRECT	OBS IN 12 60		
12. TITLE	D, P, S, T, C	DELETE	13.	ADDITION	SOLININGES TO OF	. Chang			
NAME	BUSTAMANTE.		1.2 NAME	10	000033	75701 00-01003	4 8		
CITY-ST-ZIP	1926 Earl D	1 ve # 106	1 3 STREET ADDRESS 1/4 City-St-Zip		****15	8.75 ****]	<u>58.75</u> №		
TITLE		DELETE	2.1 TITLE 2.2 NAME		· · · · · ·	Chan	ge Addition O		
NAME STREET ADDRESS			2.3 STREET ADDRESS		•	• • • •			
CITY-ST-ZIP	1 1	L. DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE			☐ Chang	ne Addition		
TITLE '		band Dilicit	3.2 NAME 1						
STREET ADDRESS		•	3.3 STREET ADDRESS						
CITY-ST-ZIP TITLE		1 DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			Chang	ge 🔲 Addition		
NAME	,	·	4. 2 NAME						
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS*	* 1		·			
TITLE	y 20, - * \$	□ DELETE · *	51 TITLE -			☐ Chan	ge Addition		
NAME STREET ADDRESS			5 2 NAME 5 3 STREET ADDRESS	i J•					
CITY-S1-ZIP	-	•	5.4 CITY-ST-ZIP	·'					
TITLE NAME	,	☐ DELETE	6 1 TITLE 6 2 NAME			☐ Chan	ge Addition		
STREET ADDRESS		•• • • • •	6 3 STREET ADDRESS				SP		
CITY-ST-ZIP	certify that the information supplied with	n this A ling does not qualify for th	6'4 CITY-ST-ZIP ne exemption stated	in Section 119.07(3)	(i), Florida Statutes.	I further certify that the	ne information		
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 facturate and that my signature shall have the same legal effect aslit made under oath; that I am an officer or director of the corporation or the receiver of 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 or an attachnish with an address.									
13.11 T = 1910 (25) 501 2191									
SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SCHUNG SPRINTED NAME OF SC									
							1		

Deep Buddy, Inc.

May 9, 2000

FLORIDA DEPARTMENT OF STATE

Dear Sir or Madam:

Attached please find check for U\$ 158,75.

We did not receive the UBR for the renewal of the corporation.

I moved the physical locator to:

7926 East Dr. # 106

North Bay Village/FL - 33,141

Therefore, I will really appreciate if you can abate the penalties.

Sincerely,

Carlos Bustamante

President

Deep Buddy, Inc.