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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000086133

1. Corporation Name

FINANCIAL BUREAU SYSTEM, INC.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90086 046 ***150.00



					1111		IDII: BUII: BEIUI :) (11 8 8 17 11 1 8 8 1
Principal Place	e of Business	Mailing Address							
1460 W. 68TH S		1460 W. 68TH STREET							
HIALEAH FL 33014		HIALEAH FL 33014			DO NOT WRITE IN THIS SPACE				
					3 Date Inc	orporated or Qualifed			
				Į.	10/08/	•	•		ļ
2. Dringing Di	ace of Business	2a. Mailing Address			4. FEI Num				plied For
¬	2 (1) 68th ST	26 1460 W	68ths	アー	٠٠	086822	U	·	ot Applicable
21 1466	/ (O) (O)	26 /4-6 / 60 (Suite, Apt, #_atc.	<u> </u>	•	ادی	000022	<i></i>		
Suite, Apt	#, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required				
22 / <i>U U</i> City & State	2	City & State			A C I V	Oi Fi-a-si	1		
	april Al	28 HATCAH AT			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
23 (V/H/)	Country	Zip	Country			oration owes the cu	rent year Int		* * * * * * * * * * * * * * * * * *
727	14 25 HIAHI DADE	29 330/4 30	7 - 11 4.44	Dane	••	Property Tax.	iront year ind	Yes	<u>-</u> 1√0
24 2501	9. Name and Address of Current I		1 /-/ ///	Prive		nd Address of New	Registered A	 Agent	
	J. Hallo Mid Hadiana S. California		81 Na:		<u> </u>	1.			
CORTES, OSCAR					VAN	LAMBET			
1460 W. 68THL STREET 82 Stre					S (P.O. Box)	Number is Not Accep	table)	•	
HIALEAH FL 33014				140	OC	<u> </u>	<u> </u>		
			83	,					
			84 City	y 4/0	Land	•		85 Zip	Code
				IMA	KOMM	11.1 -4-4	<u> </u>	abanging its	30/4
11. Pursuant i	to the provisions of Sections 607.0502 agistered agent, or both, in the State of	and 607.1508, Florida Statutes, Florida. Such change was auth	, the above-nam norized by the c	ned corpora corporation's	ition submits s board of dir	rectors. Lhereby aco	e purpose or ept the appoir	changing its ntment as re	gistered
agent. I ar	n familiar with, and accept the obligation	ns of, Section 607.0505, Florid	a Statutes.	1			. /	- 6	_
SIGNATURE TYPN APRIBENT								<u> 22/7</u>	Z \
	Signature, typed or printed name of registered agent a		egistefed Agent signa	ture required wi		UDICHANCES TO O	DATE AN	D DIPECTO	NDS IN 12
12.	OFFICERS AND	DELETE	13.		ADDITIO	NS/CHANGES TO O	FFICERS AN	Change	Addition
TITLE	D SOUTTO OCCAR	₩ ĐĽCETE	1.1 TITLE	Frie	AN LA	HBERT			,,,,,,,,,,,
NAME	CORTES OSCAR		1.2 NAME		0 112	68tm ST	•		
STREET ADDRESS	1460 W. 68TH STREET		1.3 STREET ADDR	ESS 1770	sta un	Jel 221	10/		
CITY-ST-ZIP	HIALEAH FL 33014		1.4 CITY-ST-ZIP	140	MONH	1 27 350	7	Change	Addition
TITLE	D	Ø €LETE	2.1 TITLE	V .7	WAN.	AMBERT		Change	C Addition
NAME	LAMBERT, BARBARA		2.2 NAME	141	0	GYH ST			
STREET ADDRESS	1460 W. 68TH-STREET		2.3 STREET ADDR	ESS		_			l
CITY-ST-ZIP	HIALEAH FL 33014		2.4 CITY-\$T-ZIP	MI	MOAH	1FT 3301	4		
TITLE		☐ DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDR	RESS					
CITY-ST-ZIP			3.4. CITY- ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE					Change_	☐ Addition
NAME			4, 2 NAME						
STREET ADDRESS			4.3 STREET ADDR	ESS					ļ
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE]				Change	☐ Addition
NAME			5.2 NAME	ļ					
STREET ADDRESS			5.3 STREET ADDR	ESS					
CITY-ST-ZIP			54 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						í
STREET ADDRESS			6.3 STREET ADDR	RESS					i

6.4 CITY-ST-ZIP 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 andress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP