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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P98000089961

1. Corporation Name

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90137 038 ***150.00

L.F. LATI	HING, INC.									
Principal Place	e of Business	Mailing Address				1188118	#1 12 0 10161 14111 8811	i ab iii aa iii aa iai	IBILA IBILA IRILA	#1101 1101 1961
8759 NW 39 STREET 8759 NW 39 STREET						1				
SUNRISE FL 33351 SUNRISE FL 33351							DO NOT W	RITE IN THIS	SDACE	
						2 Date Incom	orated or Qualit		SFACE	
						10/21/19		-		
2. Principal Pl	lace of Business	2a. Mailing Address				4 CCI Normba		4 1	Ap	plied For
21	and of Buomood	26				65-	- 088	1762	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				1 .	of Status Desired	_	\$8.75	
22	ء - دا ستند ے ساچن ے کے ایسے کے ایست اور بات	27				3. Certificate (<u> </u>		equired
City & State	e	City & State				1	mpaign Financi	^{ng} □	\$5.00	
23		28		_4			Contribution			to Fees
Zip	Country	Zip	Cou	nuy		1 **	ration owes the or roperty Tax.	current year in	angible Yes	□No
24	9, Name and Address of Curr	rent Registered Agent	30	r			Address of Ne	w Registered		
	9, Name and Address of Cur	rent Kegistered Agent		81 N	Name	10. 110.110 0.110			•	
FLOF	res, Luis			20 0		(D.O. D. M.	abaula Nat Ass	antabla\		
8759	NW 39 STREET			82 8	Street Addres	ss (P.O. Box Nu	TIDEL IS NOT ACC	вравне)		
SUN	RISE FL 33351			83	**	****				
	:			84 0	City				85 Zip	Code
								FL	obonajaa ito	ragistered
office or re agent. I at	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change wa	s authorized Florida Stati	by the	corporation	s board of direc	tors. I hereby ac	cept the appoi	ntment as re	gistered
										}
SIGNATURE	Signature, typed or printed name of registered	The state of the s			gnature required v	when reinstating)		DATE	·	
SIGNATURE	Signature, typed or printed name of registered	The state of the s			gnature required v		/CHANGES TO			
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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 address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STORATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR