Feb 25, 1999 8:00 am Secretary of State

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PROFIT CORRORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P980000901	48
4. Comoration Name	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••

1. Corporation Name

LANGCO	AM INC				s casilhar ing local raint datin barn barn barn barn barn barn.
Principal Place	e of Business	Mailing Address			A 1881/481 (IS 1818) (FILL SALL SALL SALL SALL SALL SALL SALL
4343 NW 4TH /	AVE.	4343 NW 4TH AVE.			•
POMPANO BCH		POMPANO BCH FL 33064			DO NOT WRITE IN THIS SPACE
1					3. Date Incorporated or Qualified
ļ					10/22/1998
		2a. Mailing Address			4. FEI Number Applied For
- A -	lace of Business	26 AS ABOVE			65-0873225 Not Applicable
Sulte, Apt.	ABOVE	Sulta, Apt. #, etc.			\$8.75 Additional
⊢ ''	T, 1.0.	27			5. Certificate of Status Desired Fee Required
22 City & Stat		City & State			6. Election Campaign Financing \$5.00 May Be
23	•	28			Trust Fund Contribution Added to Fees
Zip	Country	. Zip	Coul	ntry	= 8.=This corporation owes the current year intengible
24	25	29	30		Personal Property Tax. Yes 🛱 Yes 🛱 No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
			}	81 Name	e
	G, MELVIN			82 Street	at Address (P.O. Box Number is Not Acceptable)
	NE 4TH AVE.		ŀ		<u> </u>
POM	IPANO BCH FL 33064		{	83	As A Control of the C
			- 1	84 City	FL 85 Zip Code
44 Principal	to the provisions of Selfions 60'x0502;	and 607 1508, Florida Statute	s, the at	bernamed	od corporation submits this statement for the purpose of changing its registered
office or n	egistered agent, or both, in the State of	Florida, Such change was au	thorized	by the corp	porture, o double of the control of
agent. I a	m familiar with, and eccept the obligation	7 Jacobil 607,0503, Fion	Ma Jiew	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2-17-99
SIGNATURE	Signature, typed or printed name of negatived agent a	nd tide if applicable. (NOTE:	Registered	Agent signature r	e required when remaining) DATE
12.	OFFICERS AND	<u> </u>	.13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRES/CEO	(DELETE	1.1 TIT	UE .	SEC/TREAS. Change Addition
NAME	MEL LANG		1.2 NA	ME	EVÉ SARDI
STREET ADDRESS	11243 NW 11 Ch au	-	1.3 STI	REET ADDRESS	S 10/ BRINY AVE # 1705
CITY-ST-ZIP	Pampan Beach,	PL 33064	1.4 C/T	Y-ST-ZP	POMPANO BEACH, FL 33062
TITLE		(DELETE	2.1 111	u;	☐ Change ☐ Addition
NAME			22 NA	ME	
STREET ADORESS			2.3 51	REETADORESS	a l
CITY-ST-ZIP			2.4 C	TY-ST-ZIP	
TILE	4	☐ DELETE	31 TT	UE	Change Addition
NAME			3.2 NA	ME	
STREET ADDRESS			3.3 STI	REET ADDRESS	s
. CITY-ST-ZIP	<u>.</u>		3.4. CF	TY-ST-ZIP	
TITLE		☐ DELETE	4.1 737	UE .	Change Addition
NAME		•	4 2 N	WE -	
STREET ADDRESS			4 3 ST	REET AOORESS	s
CITY-ST-ZIP_			4,4 CF	V-ST-ZIP	Total Table
TITLE		☐ DELETE	5.1 777		☐ Change ☐ Addition
NAME			5.2 NA		
STREET ADDRESS	}		•	REET ADDRESS	s!
CITY-ST-ZIP				Y-ST-ZIP	
TITLE		☐ DELETE	6.1 117		Change Addition
NAME			6,2 NA		
STREET ADDRESS			6.3 STI	REET ADDRESS	\$
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	
14. I hereby o	certify that the information supplied with	this filing does not qualify for	the exer	notion state:	ted in Section 119.07(3)(I), Florida Statutes. I turther 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 of the receiver or fustee 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 TIPED OR FOLLOW ED HAME OF SIGNANG OFFICER OR DIRECTOR