PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90052 034 ***158.75

DOCUMENT # P98000091939

GONCALVES ART WORK INC.

	CAEO VIII MOIN IIIO.	•			
Principal Plac	e of Business	Mailing Address			- I resursed the islan contracting some and transfer and interest into any page.
3460 BANKS RD APT. 204		3460 BANKS RD APT. 204			
MARGATE FL 33063		MARGATE FL 33063			TO MAKE MAKE THE ACLASE
			ي حيد		DO NOT WRITE IN THIS SPACE
		·			3. Date Incorporated or Qualifed 10/28/1998
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied Fcr .
21		26			65-0879278 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Sea. 75 Additional Fee Required
22		27			
City & Stat	le .	City & State			6. Election Campaign Financing \$5.00 May Be
23		28		untry	
Zip	Country	Zip		unuy	8. This corporation owes the current year Intangible Personal Property Tax.
24	25]	29 29	30		10. Name and Address of New Registered Agent
	9. Name and Address of Currer	P LASISTAL AC Wildig		81 Name	
GON	CALVES, JOSE				
3460 BANKS RD APT. 204				82 Street A	ddress (P.O. Box Number is Not Acceptable)
MAF			83	!	
				84 City	FL 85 Zip Code
44 Purcuent	to the provisions of Sections 607.050	2 and 607,1508. Florida State	ites, the s	above-named.o	orporation submits this statement for the purpose of changing its registered
office or i	egistered agent, or both, in the State	of Florida. Such change was	uthonze	d by the corpor	orporation submits this statement for the purpose of changing its registered — attends board of directors. I hereby accept the appointment as registered
agent. I a	im tamiliar with, and accept the obliga	inons of, Section 607.0505, Fi	CITUR SIRI	10104.	J
SIGNATURE	Signature, typed or printed name of registered age-	nt and title if applicable. (NOT	I : Registerer	d Agent signature req	pulsed when reinstading) DATE CC
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILE	President	DELETE	1.1 T	MTLE	Change Addition
NAME	Jose 6 Gencolues		12 N	IME	
STREET ADDRESS	3460 Banks rd A	pt 204	138	STREET ADDRESS	<u>K</u>
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NAME]			1100	☐ Change ☐ Ad-Jition ☐
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CITY-ST3P			22N		☐ Change ☐ Ad-Jition ☐
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NAME STREET ADDRESS		☐ DELETE	22 N 23 S 2.4 C 3.1 TI 3.2 N	TAME STREET ADDRESS CITY-ST-ZIP	
		_	22N 23 \$ 2.4 C 3.1 Tl 3.2 N 3.3 \$	NAME STREET ADDRESS CITY-ST-ZIP TITLE	[] Change ☐ Ad fition
STREET ACCRESS		☐ DELETE	22N 23 \$ 2.4 C 3.1 Tl 3.2 N 3.3 \$	NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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14. I hareby 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 Blcck 12 or Block 13 if changed, of on an attachment with an agdress, with all other like empowered.

SIGNATURE:

REQUERSO

CHANG OFFICER OR DIRECTOR