PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000097852

1. Corporation Name

PALTEX CORPORATION

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90166 020 ***150.00



Principal Place of Business Mailing Address							I (Baisbur iin isini inisi desii asii	A MANTA MARAM	IBNIS IBBBS IBSB	ir billen lifti fillit
398 SW 33 TEP DEERFIELD BE	_	398 SW 33 TERR. DEERFIELD BEACH FL 3:1442				DO NOT WRITE IN THIS SPACE				
							e Incorporated or Qualifed 20/1998			
2. Principal Pl	lace of Business	2a. Mailing Address			+		Number		A	pplied For
21		26				65	-0877804		N	o: Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.							\$8.75	Additional
22		27			1	5. Cen	ifcate of Status Desired	ш	Fee R	equired
City & State		City & State				6. Elec	tich Campaign Financing		\$5.00	'May Be
23		28				Trus	t Fund Contribution		Added	to Fees
Zip Country		Zip Country				8. This corporation owes the current year Intangible				
24	25	29 30				Personal Property Tax.				
	9. Name and Add ress of Current	Registered Agent	81	Name		10. Nan	e and Address of New K	gisterea	Agent	
SBIK	URUWAL, KURUTHEP		"	IVAIIIE						
	SW 33 TERR.		82	Stree	et Address	(P.O. B	io): Number is Not Acceptab	ole)		
	RFIELD BEACH FL 33442		83			<u> </u>				
			84	City				FL	85 Zip	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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUFE Substitute Signature S										
510147101.2	Signature, typed or printed it me of registered agen	and title if applicable. (NOTE:	Registered Age	nt signature	re req nred wh			DATE		
12.	OFFICERS AN		13.				TIONS/CHANGES TO OFF			
TITLE	D,T,S	☐ DELETE	1.1 TITLE			グイブ	* RY, SECRETARY,	, <i>V</i>	Change	, , Addition
NAME	SRIKURUWAL, KURUTHEP		1.2 NAME	1			•			
STREET ADDRESS	398 SW 33 TERR.		1.3 STREET ADDRE		SS					
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP		٠ سر	PRESIDENT ,D		Z Change	□ Addition
TITLE	D, VP		2.1 11/LE 2.2 NAME		1010		REDIVERS 1		_ 4	, , ,
NAME	SRIKURUWAL, MEENA 398 SW 33 TERR.		2.3 STREE	T ADDDEC						
STREET ADDRESS	DEERFIELD BEACH FL 33442		2.4 CITY-5		~				,	
CITY-ST-ZIP	D, VP	DELETE	3.1 TITLE	1-21-	V1.C	6 P	RESIDENT D		Change	T-] Addition
NAME	SRIKURUWAL, AMARA	<u> </u>	3.2 NAME		",-		,,,		7-	•
STREET ADDRESS	398 SW 33 TERR.		3.3 STREE	TADDRESS	ss i					
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		3.4. CITY- 9							/
TITLE		☐ DELETE	4.1 TITLE		PRE	SIDE	EINT, DIRECTOR		Change	Addition
NAME	a.		4, 2 NAME		44	lku	RUWAL, PAL			
STREET ADDRESS			4.3 STREE	TADDRES	s 300	8 Si	J 22 TERRACE	_		
CITY-ST-ZIP	<u> </u>		4.4 CITY-S	T- ZIP	DE	EKF	HELD BEACH F	レ33	442	
TITLE		☐ DELETE	5.1 TITLE				•		Change	Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE		ss					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE						☐ Change	☐ Addition
NAME			6.2 NAME		_ [
STREET ADDRESS			63 STREE	T ADDRESS	SS					

14. I hereby certify that the information supplied with this filling 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:

STREET ADDRE 3S

CITY-ST-ZIP

Hilm