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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

May 03, 1999 8:00 am Secretary of State

Daytime Phone #

05-03-1999 90044 045 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS.

## DOCUMENT # P98000103192 1. Corporation Name

**SIGNATURE:** 

EL. CI. TOM. INC.		•							
Principal Place of Business	Mailing Address			1 10 0 11 10 11 11 11 11 11 11 11 11 11	IÇIDI IBIHI BBHIL <b>U</b> BI		FE THE STOLET		
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				<ol> <li>Date Incorpora</li> <li>12/09/1998</li> </ol>	ted of Qualifed	l			
2. Principal Place of Business	2a. Mailing Address				11/	1001	Ar	plied For	1
21	26			65-	018	6006	No	t Applicable	1
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of S	atue Decired			Additional	]
22	27			3. Certificate of 5			Fee Re	equired	1
City & State	City & State			6. Election Camp	-			May Be	
23	28	0		Trust Fund Co				to Fees	┧
Zip Country	Zip	Country	у	8. This corporation		rent year Inta	ngible Yes	□No	
24 25 9. Name and Address of Currer		30		Personal Property 10. Name and Ad	•	Registered A			1
3. Name and Address of Correc	it negistered Agent	81	Name						1
ESOUIJAROSA, TOMAS JR.					TG 81-4 84				-
11271 NW 6TH ST.		82	Street	Address (P.O. Box Numbe	r is Not Accept	able)			
MIAMI FL 33172		83	3						1
		84	1 City				85 Zip	Code	-
			'			FL			Ĺ
	2 and 607.1508, Florida Statute	thorized by	uthe corno	oration's board of directors	. i nereby acce	iot the appoin	unencasie	idizioi on	-1-
Pursuant to the provisions of Sections 907.000.     office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the Signature of the obligation of the Signature.    Signature   Signat	of Florida. Such change was au tions of, Section 607.0505, Flori at and title if applicable. (NOTE:	thorized by da Statute Registered Ap	y the corpo s.	equired when reinstating)	sinereby acca	DATE	as re		1 6
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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 trusted 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 or an attachment units an address, with all other like empowered.