PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporation	MENT # P980001	06463						
r. corporatio	A SERVICES, INC.							
IVALADO	11 OL11410LO, 1110.				T AND FIRE THE PERSON FRANCE OF THE BOOM BOTTON	24716 BIJI BIAN A	11 60 (201 2 60)	
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Principal Plac	e of Business	Mailing Address			- 1 til bit il 1 till lesmi i tils betil illenn enses siem	Ania assi dined A	riba iiii sääl	
3450 FAIRFAX L	ANE.	3460 FAIRFAX TANE			1			
BAVIE-FL-33330	7~	808 NW10	3 400		DO NOT WRITE IN TH	IS SPACE		
}		808 NW 12	2 X/es		3. Date Incorporated or Qualifed	13 07 NOC		7
1		Penganoke +	8		12/23/1998			1
2. Principal F	Place of Business				4 EEI Number	Ap	olied For	1
21 808	NW 133 AVE.	26 808 NW 1	シラロロモ	>	65-0882290		t Applicable]
Suite, Apt.	, #, etc.	Suite, Apr. #, etc.	<i>(</i> 2)		5. Certificate of Status Desired	\$8.75		
	renotetines	27 Pen AROKE	times	01	·	Fee Re	<u> </u>	-
City & Stat		-City & State	<u></u>		6. Election Campaign Financing	- \$5,00 Added t		1
	00028 Country	28 33028 Zip	Country		Trust Fund Contribution 8. This corporation owes the current year		<u> </u>	1
Zip 24	25 Country	29 3	-, ··· · ·		Personal Property Tax.	∏ Yes	□No	
241	9. Name and Address of Current		- T		10. Name and Address of New Registers	d Agent		1
			β1 Name	,			_]
FERF	82 Street	Addre	ss (P.O. Box Number is Not Acceptable)		_	1		
	FAIRFAX LANE			.,				
~= DAVI	E-FL-99338		83					1
			84 City			85 Zip (ode	1
<u></u>					F			4
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes f Florida, Such change was auti	i, the above-named horized by the com	oration	ration submits this statement for the purpose o's board of directors. I hereby accept the app	oiniment as req	agistered Jegistered	1
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes.					
SIGNATURE	Signature, typed or printed name of registered egent	and the Managembia (NOTE: R	egistered Agent signature	required \	when reinstating) OATE			١,
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	NO DIRECTO	RS IN 12] }
TITLE	PSTD	DELETE	1.1 TITLE	123	STO.	Change	Addition	
NAME	FERRER, MIGUEL		1.2 NAME	1/-	S NW 133 ALE	٠.		
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CITY-ST-ZIP	DAME EL 33330		1.4 CITY-ST-ZIP	100	-MBROKEPING,	0/1 32	□ Addition	1
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NAME:		·	3.3 STREET ADDRESS		سخدد صود د دو دلیو			-
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TITLE		☐ DELETE	4.1 TITLE	 		☐ Change	Addition]
NAME	[4.2 NAME	[1
STREET ADDRESS			4.3 STREET ADDRESS	;				ĺ
CITY-ST-ZIP			4.4 City-ST-ZIP	 		[7] Charact	FT & deliste +	1
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
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STREET ADDRESS	S		5.3 STREET ADDRESS	`	•			1
CITY-ST-ZIP		DELETE	5.4 CATY-ST-ZEP 6.1 TITLE	 		☐ Change	☐ Addition	1
TITLE	Į.	☐ DETE IE	6.2 NAME	1		ு வக்க		ļ
NAME STREET ADDRESS	J		6.3 STREET ADDRESS					
	••		and other type the property of	1				1

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 take and accurate and that my alignature shall have the same legal effect as if made under each; that I am an officer or director of the corporation or the receiver or these 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 extactment with an address, with all other like empowered.

SIGNATURE:

FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90171 016 ***150.00

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