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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90081 045 ***150.00

| i. Corporatio | MEN # P9800(on Name ETO CORPORATION |)107445 | | | | |
|---|--|----------------------------------|-----------------------|---------------------------------------|--|----------------------------------|
| Principal Place of Business Mailing Address | | | | | I TREVITER TORSE LENGT OF THE ORIGINAL STATES | TOTAL SERVI DIRI DIDOL BISI LAGI |
| 11800 S.W. 18T | H STREET | 11800 S.W. 18TH STREET | Ŧ | | | |
| SUITE 418 SUITE 418 | | | | | DO NOT MOTE IN THE | C CDACE |
| AIAMI FL 33175 | | MIAMI FL 33175 | | | DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed | 3 SPACE |
| | | | | | 12/29/1998 | ' |
| 2 Principal F | Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | | 26 | | | 65-0883658 | Not Applicable |
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | | | | \$8.75 Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired | Fee Required |
| City & Sta | te | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Count | try | 8. This corporation owes the current year In | |
| 24 | 9. Name and Address of Curr | 29 | 30 | | Personal Property Tax. 10. Name and Address of New Registered | |
| | 9. Name and Address of Curi | eur Kedizreien Wäeiir | | 31 Name | IV. Name and Address of New Aggistered | - Agent |
| NETO |), JOAQUIN N JR. | | <u></u> | | | |
| 11800 S.W. 18TH STREET | | | 8 | 32 Street Add | fress (P.O. Box Number is Not Acceptable) | |
| SUIT | E 418 | | [| 33 | | |
| MIAMI FL 33175 | | | Ļ | | | |
| | | | 1 | 34 City | Fi | 85 Zip Code |
| agent. I a | am familiar with, and accept the obli | igations of, Section 607.0505, I | Florida Statut | es. | ion's board of directors. I hereby accept the appointment of the directors of the appointment of the directors of the appointment of the appointme | |
| 12. | | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | |
| TITLE | 'VST | ☐ DELETE | 1.1 TITL | · · · · · · · · · · · · · · · · · · · | | Change Addition |
| NAME | NETO, JOAQUIN N JR. | | 1.2 NAM | | | |
| STREET ADDRESS | 1 | | | EET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33175 | - Decirit | | -ST-ZIP | | ☐ Change ☐ Addition |
| TITLE | U NETO IOAOUINI NI ID | ☐ DELETE | 2.1 TITL | | | ☐ Change ☐ Addition |
| NAME | NETO, JOAQUIN N JR. | | 2.2 NAM | | | |
| | 11800 S.W. 18TH STREET | | | EET ADDRESS | | |
| CITY-ST-ZIP TITLE | MIAMI FL 33175 | DELETE | 2. 4 CITY 3.1 TITL | Y-ST-ZIP | | Change Addition |
| NAME | ļ | | 3.1 HIL | 1 | | _ , |
| STREET ADDRESS | | | | EET ADDRESS | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITU | | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAM | AE | | |
| STREET ADDRESS | | | 4.3 STR | EET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY | -ST-ZIP | <u></u> | |
| TITLE | | ☐ DELETE | 5.1 TITL | | | Change Addition |
| NAME | | | 5.2 NAM | E | | |
| STREET ADDRESS | \$ | | | EET ADDRESS | | |
| CITY-\$T-ZIP | | | | -ST-ZIP | | |
| TITLE | 1 | ☐ DELETE | 6.1 TITLE | 1 | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAM | į | | |
| CEDECT ADDDESC | .1 | | ■ 63 STRE | EET ADDRESS | | |

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 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 or an attachment with an address, without other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99 305-228-8705-

CR2F034 (11/98