03041999-90139-011-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000107669**1. Corporation Name

L TEZANOS CONSULTING, INC.

						124/1241 19 14/1 14/1 14/1 14/1 14/1 14/1 14/1	
Principal Place of Business Mailing Address							
890 15 STREET 890 15 STREET MARATHON FL 33050 MARATHON FL 33050						· ·	
PARTITION PL 33000		MARKETI PORT LE COMOD	MANAGEROW PL SALOU			DO NOT WRITE IN THIS SPACE	
[3. Date Incorporated or Qualifed	
						12/29/1998 4. FEI Number Applied For	
2. Principal Place of Business 2a. Mailing Address						165-0897654 Not Applicable	
21 26						\$8.75 Additional	
						5. Certificate of Status Desired Fee Required	
22 27						6 Chestian Comparing Financing \$5.00 May Re	
						Trust Fund Contribution Added to Fees	
23 28		Coi	e = Country		-8. This corporation owes the current year Intangible		
24			30	<u> </u>		Personal Property Tax.	
241	9. Name and Address of Curr			Т		10. Name and Address of New Registered Agent	
				81	Name		
ZON	IERFELD, RAYMOND J			F-	C	Address (D.O. Roy Number is Not Amentable)	
2151 LEJEUNE ROAD STE 312				82 Street Address (P.O. Box Number Is Not Acceptable)			
CORAL GABLES FL 33134				83			
,						7: 0-1:	
	•			84	City	FI 85 Zip Code	
49 Burguan	t to the arraigions of Sections 607.0	502 and 607 1508 Florida Statu	tes the s	abova	e-named	corporation submits this statement for the purpose of changing its registered	
office or	registered agent or both in the Stat	ie of Florida. Such change was	aumonze	O DV	ine conx	ration's board of directors. I hereby accept the appointment as registered	
agent. I	am familiar with, and accept the obli	gations of, Section 607,0505, Fi	onoa Sta	iniéz	•		
SIGNATURE	Signature, typed or printed name of registered a	count and title if applicable. (NOT	E: Registere	d Ager	nt signature P	quired when reinstating) DATE	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	PSTD	☐ DELETE	1,1 T	1.1 TITUE		☐ Change ☐ Addition —	
NAME	TEZANOS, LUIS		1.2 N	12 NAME		8	
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CITY, CT 745	s	OELETS =	4. 2 t 4.3 S	NAME STREET	T ADORESS	☐ Change ☐ Addition	
CITY-ST-ZIP	8	☐ DELETE	4. 2 t 4.3 S	NAME STREET	T ADORESS	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition	
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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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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

STREET ADDRESS

CITY-ST-ZIP

GOURED

Mar 04, 1999 8:00 am Secretary of State

FILED

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