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CORPORATION . ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

## FILED May 13, 1999 8:00 am Secretary of State

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DOOL	.1999		DIVISION OF CO	RPORATIONS	05-13-1999	90006 036 ***150	0.00
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Principal Place	ce of Business		lailing Address	\$ 100 0 40 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70		
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HOL	LLY HIL	L, FL	32117	Talogue on a state of	3. Date Incorporated or Qualifed	E IN THIS SPACE	
+ 4	The training of the	· [8	the state of the same	र प्रकार के किस्सार के किस के किस जिल्ला के किस के कि	. 10-30-90	. 1.	•
2. Principal F	Place of Business		. Mailing Address	ે કરવા હતી. જેટલા ઉપોર્ક કે જાળ જોઈ. તુર્દેશ પ્રમુખ અલ્લો હતા કહ્યું કર્યું ક	4. FEI Number		olied For
Suite, Apt	# etc		Suite, Apt. #, etc.	<u> San Sarah da Salatan</u> San Sarah	59-304285		Applicable
22	·	27)		- Table 1 - Tabl		\$8.75 A	quired
City & Sta		28	City & State	Country	6. Election Campaign Financing Trust Fund Contribution	Added to	May Be===
Zip	Country	· —	Zip	Country /	8. This corporation owes the curre	rtec	□No .⊸
24 - 1 - 1 - 1	9. Name and Addre	ss of Current Regi		<mark>0  हरूर्यकारिक स्थापिक असेन्</mark> मारिक र दिल्लीन असेन्स्सरी	Personal Property Tax.  10. Name and Address of New Re		<u> </u>
<i>n</i> .	~ 1	On the sa	6	81 Name -	100000		R
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\ <del>0</del>	1 N KR	ONN VIE	SU AVE	Jan Salas	Total (1 .O. Dox Hambe) is Not Acceptate		
30				83 16	17 RIDGEWOOD	AVE ST	80
DA	y to MA B	EACH /	7 32/18	84 City		85 Zip C	ode
· <u></u>				H	OLLY HILL	- F <u>L   3</u> 2	117
11. Pursuant office or	t to the provisions of Sect registered agent, or both	tions 607 0502 and 6 , in the State of Flori	507.1508, Florida Statutes, da.`Such change was auth	, the above-named cor lorized by the corporat	poration submits this statement for the p tion's board of directors. I hereby accept	urpose of changing its r the appointment as reg	registered . sistered
agent. I a	am familiar with, and acc	ept the obligations of	f, Section 607.0505, Florid	a Statutes.	7		_
SIGNATURE	( YA				/s <del>/ -</del> / /	ZZ = 3 / == 0 /	0
	Stonature, typed or aighted name	of registered agent and title	if applicable : :・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	P. H. H.	oT. H. M.6-R	4-21-9	<u>9</u>
12.	Signature, typed or spirited name	of registered agent and title FFICERS AND DIRI		PH H K  egistered Agent signature requi	of H. M.6.R. red when reinstiting)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTOR	RS IN 12
12.	Signature, typed or spirited name					DATE  ICERS AND DIRECTOR  Change	RS IN 12
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indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Fronda Statutes. I further certify that the film an officer or 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.

SIGNATURE:

JOSEPH A ROTH MCR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR