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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S11110

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90260 047 ***150.00

	n Name									
COLLINS ENTERPRISES, INC.										
		·								
Principal Place of Business Mailing Address								<u> </u>		
3425 COLLINS AVENUE 1140 W 50TH ST #C-5 SUITE 302										
#C-5 SUITE 302 Miami Beach Fl 33140 Hialeah Fl 33012							DO NOT WRITE IN THIS SPACE			
US								3. Date Incorporated or Qualifed		
•								11/01/1990		
2. Principal Place of Business			2a. N	2a. Mailing Address				4. FEI Number Applied For		
21			26	26				65-0282325 Not Applicab	le	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22								Fee Required		
City & State	е			City & State				6. Election Campaign Financing S5.00 May Be		
23		0	28	7:		Countre		Trust Fund Contribution Added to Fees		
Zip		Country		Zip	30	Country		8. This corporation owes the current year Intangible Personal Property Tax.		
24	Q Name	25 and Address of Cu	29 29	red Agent	[30]	<u> </u>		10. Name and Address of New Registered Agent	\dashv	
	a. Marrie	and Address of Cu	on Nogiale	and allower		81	Name			
CASTRILLON, JOSE							<u> </u>	(2.0. 2		
3425 COLLINS AVE., #C-5							Street Addre	ress (P.O. Box Number is Not Acceptable)		
MIAMI BEACH FL 33140							-			
								85 Zip Code		
					84 City		FL 85 Zip Code			
11. Pursuant	to the provis	sions of Sections 607	.0502 and 607	7.1508, Florida Sta	atutes, th	e above	-named corpo	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	3	
office or n	egistered ag m familiar w	ent, or both, in the S ith, and accept the o	itate of Florida bligations of, S	. Such change wa Section 607.0505,	is author Florida S	ized by Statutes	the corporatio	in's board of directors. I hereby accept the appointment as registered		
SIGNATURE		age of the second							l l	
OCHANONE										
	Signature, typed	or printed name of registere					t signature required	The state of the s	á	
12.			d agent and title if a S AND DIREC	TORS		13.	t signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12. TITLE	D	OFFICERS				13. 1.1 TITLE	t signature required	-	tion	
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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 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 analysis and 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 analysis and other like empowered.

SIGNATURE: