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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # V13725**

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90224 013 ***150.00

E00110	on Name								
FURMU	SA, U.S.A., INC.								
"	•								A BIRNI ANAN MARI
Dringing Die		Marilla Adda							
Principal Place of Business Mailing Address Mailing Address									
6145 BONAVENTURE CT. 6145 BONAVENTURE CT. SARASOTA FL 34243 SARASOTA FL 34243						DO NOT MOUT	- 114 - 140		
						DO NOT WRITE	: IN THIS	SPACE	
· ·						3. Date Incorporated or Qualifed 02/10/1992			
	Place of Business	2a. Mailing Addre	ss			4. FEI Number		A	pplied For
21 Suite A-4	# -4-	26				65-0316495	 ,		lot Applicable
Suite, Apt.	. #, etc	Suite, Apt. #, 6	etc.			5. Certificate of Status Desired			Additional Required
City & Star	te	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	<u></u>	Added	to Fees
Zip	Country Zip			Country		8. This corporation owes the currer	nt year inta		_
24	9. Name and Address of Curren	1 29	30	_		Personal Property Tax.		☐ Yes	□No
-	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Re	gistered /	Agent	
PRIE	ETO, GLORIA E				Hame				
6145 BONAVENTURE CT.				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
SAH	RASOTA FL 34243			83					
	•			84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida	Statutes, the a	above-	named corpo	ration submits this statement for the pr	irnose of o	hanging it	s registered .
oπice or i	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida. Such change	e was authorize	ed by ti	he corporation	n's board of directors. I hereby accept	the appoin	tment as r	egistered
SIGNATURE			,						
40	Signature, typed or printed name of registered agen				signature required		DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS ANI	D DIRECT	ODG IN 12
	l D		ETE I	DTD F				Change	
TITLE	POIETO MIGUEL ANGEL	☐ DEL		MLE		, , , , , , , , , , , , , , , , , , ,		☐ Change	Addition
NAME	PRIETO, MIGUEL ANGEL	☐ DEL	1.2 N	NAME				Change	
NAME STREET ADDRESS	PRIETO, MIGUEL ANGEL 6145 BONAVENTURE CT.	☐ DEL	1.2 N 1.3 S	VAME STREET A				☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP	PRIETO, MIGUEL ANGEL 6145 BONAVENTURE CT. SARASOTA FL 34243		1.2 N 1.3 S 1.4 C	NAME STREET A					Addition
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14. I hereby certify that the information supplies with this filling 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 supplies that 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 on any stachment with an address, with all other like empowered.

SIGNATURE:

941-351-6731 Daytime Phone #