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Feb 01, 1999 8:00am

Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V21057 1. Corporation Name

RIGHT TOUCH LAND DESIGNS, INC.

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Principal Plac	ce of Business		Mailing A	ddress										
12775 SW 1897			12775 SW	189TH STREET	•									
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บร								-				HIS SPACE		
										rated or Qualif	ed			
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Principal F	Place of Business		2a. Mailin	ig Address					FEI Number	•	•		App	lied For
21			26					t	65-031186	32			Not	Applicable
Suite, Apt.	. #, etc.		Suite,	Apt. #, etc.					Cartifooto of	Status Desired	ı 🗇	\$8.7	75 Ac	dditional
22			27					5.	Certificate of	Status Desired	' ⊔	Fee	e Req	uired
City & State			City & State				6.	Election Carr	paign Financir	ig _	\$5.	00 N	May Be	
23			28						Trust Fund C		" 🗅		ded to	
Zip	Co	ountry	Zip		Cou	ntry		8	This corporat	ion owes the c	urrent vea	r Intangible		
24	. 25		29		30			"	Personal Pro			☐Yes	· t	□No
11		ddress of Current		Agent	1221			10.		ddress of Ne	w Registe	red Agent		
;		and the street		J		81	Name							
HER	NANDEZ, JUAN (3.												
1277	75 S.W. 189 ST.				82	Street Ac	ddress (P	s (P.O. Box Number is Not Acceptable)						
	MI FL 33177					83				erickery. Sp. 191 Jenn		و د د المحمود و د د د. براوره د و د ها د د ا	2 4	Control France.
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Sample of Same	erty gar				1		-			•	<u> </u>	- [
11. Pursuant	to the provisions of registered agent, or	Sections 607.0502	and 607.1508	8, Florida Statı	ites, the at	ove	-named co	orporation	n submits this	statement for t	he purpos	e of changing	g its r	egistered
agent. la	registered agent, or am familiar with, and	both, in the State of accept the obligation	ons of, Section	n change was In 607.0505, Fl	autnorizeo orida Statu	by i ites.	ne corpora	ation's bo	pard of director	rs. i nereby ac	cept the ap	pomiment a	ıs regi	stered
		,		,						•				
SIGNATURE	Signature, typed or printed	I name of registered agent a	and title if applicab	le. (NOT	E: Registered	Agent	signature requ	uired when n	reinstating)	· · · /	DATE			
SIGNATURE	Signature, typed or printed	OFFICERS AND			E: Registered	Agent	signature requ			HANGES TO			CTOR	S IN 12
	Signature, typed or printed						signature requ		ADDITIONS/C					S IN 12
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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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP