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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V33546

1. Corporation	Name			ļ	
ABSOLUTE HOLDING CORP.				Ì	
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Principal Place	of Business	Mailing Address			MII AFBIS BINSI AIBIS ALBEI AIAIL INDI
274 ALHAMBRA	CIRCLE	274 ALHAMBRA CR			
CORAL GABLES FL 33134 CORAL GABLES FL 33134				DO NOT WRITE IN T	LIC CDACE
US US				HIS SPACE	
•				3. Date Incorporated or Qualifed	•
L		On Mailley Address		04/30/1992 4. FEI Number	Applied For
	ace of Business	2a. Mailing Address		··· · -· · ·	Not Applicable
Suite, Apt. :	# ata	Suite, Apt. #, etc.		65-0330420	\$8.75 Additional
22	#, etc.	27		5. Certifcate of Status Desired	Fee Required
City & State	A THE WAR AND A STREET	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29	0	Personal Property Tax.	☐ Yes 🛂 No
	9. Name and Address of Curre			10. Name and Address of New Register	ed Agent
		•	81 Name		
	ARRO, ANGEL		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
274 ALHAMBRA CIRCLE		55 54 55 7			
COR	AL GABLES FL 33134		83		
			84 City	· -	85 Zip Code
			'		-L
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the purpose	e of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	a Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pomilinom as regional
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	the second second	and the second s			
SIGNATURE	Signature, typed or printed name of registered age		egistered Agent signature require		
12.	Signature, typed or printed name of registered age OFFICERS At	ND DIRECTORS	13.	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	Signature, typed or printed name of registered age OFFICERS AI		13. 1.1 TITLE	a what to meeting,	
12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AT D NAVARRO, ANGEL	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	a what to meeting,	AND DIRECTORS 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:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90131 035 ***150.00