## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # V35001



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90011 027 \*\*\*150.00

1. Corporation	ITE & ASSOCIATES, INC.						
Daine de la Dise	Overing-	Mailing Address			_		i <b>Cir</b> il <b>Cir</b> il III
Principal Place of Business Mailing Address 11242 SW 129TH CT 11242 SW 129TH CT							
MIAMI FL 33186 MIAMI FL 33186							
					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 05/15/1992		
2. Principal Place of Business 2a. Mailing Address			****		4. FEI Number	A	Applied For
21					65-0344516		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	¥ - · · ·	Additional
22		27			5. Germanie er etaliae Beerre	Fee F	Required
City & State		City & State			6. Election Campaign Financing	•	May Be
23		28			Trust Fund Contribution Added to Fees		
Zip Country Zip			Country		8. This corporation owes the current year	Intangible  Yes	□No
24 25 29			Personal Property Tax. Yes  10. Name and Address of New Registered Agent				
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registers	u Agent	
RI AN	NCO, MANUEL						
2075 SW 27TH AVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		1
MIAMI FL 33145			83				
			84 City		F	L 85 Zip	o Code
agent. I a	m familiar with, and accept the oblig  Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: F	Registered Agen	t signature required			
12.			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT  Change	
TITLE	DP	☐ DELETE	1.1 TITLE				, Cadillon
NAME	RODRIGUEZ, MARIA A.		1.2 NAME				}
STREET ADDRESS	11242 SW 129TH CT		1.3 STREET				
CITY-ST-ZIP	MIAMI FL DV	☐ DELETE	1.4 CITY-ST 2.1 TITLE	T-ZIP		Change	e 🔲 Addition
TITLE	RODRIGUEZ, LUIS O.		2.2 NAME			-	- }
NAME	LANCE OF COTTLE OF		2.3 STREET	ADDRESS			}
STREET ADDRESS CITY-ST-ZIP	MIAMI FL			T-ZIP			
TITLE	S	☐ DELETE	3.1 TITLE			☐ Change	e Addition
NAME	RODRIGUEZ, GEORGIA		3.2 NAME				
STREET ADDRESS	11242 SW 129TH CT		3.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	e 🗌 Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	t-ziP		<u> </u>	- Audit-
TITLE		☐ DELETE	5.1 TITLE			Change	e 🗌 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP			5.4 CITY-ST	T-ZIP		Change	e
TITLE						T Cusude	, Duggingti
NAME			6.2 NAME	T ADODESS			
STREET ADDRESS			6.3 STREE	ADORESS			

CITY-ST-ZIP 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

CR2E034

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