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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V52462

1. Corporation Name

Principal Place of Business	Mailing Address
12544 S.W. 119TH TERR.	12544 S.W. 119TH TERR.
MIAMI FL 33186	MIAMI FL 33186

## **FILED** Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90010 048 \*\*\*150.00

FEDMO	RCO INC.								
						1 (1991) BENEGO BENEGO (1981) BIBLE GENEGO (1991) BE	LEO MODIO MADOL DEL	1 <b>818</b> 11 <b>818</b> 11 1881	
Principal Plac	ce of Business	Mailing Address					LLY BION OVER THE	<b>       </b>	
12544 S.W. 11	9TH TERR	12544 S.W. 119TH TERR.							
MIAMI FL 3318		MIAMI FL 33186							
						DO NOT WRITE IN T	HIS SPACE		_
						3. Date Incorporated or Qualifed			
1						07/22/1992	· · ·		4
	Place of Business	2a, Mailing Address				4. FEI Number	<del> </del>	Applied For	] ;
21 Suite, Apt	# ===	Suite, Apt. #, etc.				65-0350794		lot Applicable	- }
<b>─</b> ─	. #, etc.	27 Suite, Apr. #, etc.				5. Certificate of Status Desired		Additional Required	
City & Sta	te	City & State				6. Election Campaign Financing			1
23		28				Trust Fund Contribution		May Be d to Fees	
Zip	Country	Zip	Coul	ntry		8. This corporation owes the current year		10100	1
24	25	29	30	-		Personal Property Tax.	Yes	ďKo	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	ed Agent	, ,,,,	1
55	00. 141115 110150			81	Name				]
	OCA, MANUEL MONTES			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		<del>.</del>	1
	44 SW 119TH TERR		l		Oll Oct Modific	2.1 C. Don Humber is Not Acceptable)			
MIAI	MI FL 33186			83					
			•	84	City		85 Zij	Code	1
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statute	s the at	DOVE	-named corno			ts registered	┨
office or	registered agent, or both, in the State or am familiar with, and accept the obligati	f Florida. Such change was at	thorized	by t	the corporatio	pration submits this statement for the purpose n's board of directors. I hereby accept the ap	pointment as	registered	
_	•	ons of, Section 607.0303, Flor	iua Statt	nes.					1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent	signature required	when reinstating)	7.		Ι.
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	1
TITLE	PS	☐ DELETE	1.1 TIT	LE.			☐ Change	Addition	1
NAME	MONTES DE OCA, MANUEL I.		1.2 NA	ME					
STREET ADDRESS	12544 SW 119TH TERR		1.3 STI	REET.	ADDRESS				
CITY-ST-ZIP	MIAMI FL		1,4 CIT	Y-ST	-ZIP				
TITLE	VPT	☐ DELETE	2.1 TIT	LE			☐ Change	☐ Addition	] {
NAME	MONTES DE OCA, ROSA P		2.2 NA	M€					l
STREET ADDRESS	12544 S.W. 119 TERRACE		2.3 STI	REET.	ADDRESS				l
CITY-ST-ZIP	MIAMI FL		2.4 CF	TY-ST	- ZIP				_
TITLE '		☐ DELETE	3.1 TITI	LE			☐ Change	☐ Addition	Ì
NAME									1
STREET ADDRESS			3.2 NA	ME	l l				1
CITY-ST-ZIP			5.2 1.2		ADDRESS		Change	1 - 3 . 44	
TITLE	, ·		5.2 1.2	REET/	- 1		Unange	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
NAME .		☐ DELETE	3.3 STF	REET,	- 1		Change	A. Addition	
		☐ DELETE	3.3 STF 3.4. Cfl	REET/ TY-ST	- 1			Addition	
STREET ADDRESS		☐ DELETE	3.3 STF 3.4. Cri 4.1 TITI 4. 2 NA	REET/ TY-ST LE VME	- 1			A. Addition	
STREET ADDRESS CITY-ST-ZIP			3.3 STF 3.4. Cri 4.1 TITI 4. 2 NA	REET/ IY-ST LE VME REET/	-ZIP ADORESS	· · · · · · · · · · · · · · · · · · ·	_ Chanĝo	<u> </u>	
		☐ DELETE	3.3 STF 3.4. Cff 4.1 TTF 4. 2 NA 4.3 STF 4.4 CIT 5.1 TTF	REET/ IY-ST LE WME REET/ Y-ST- LE	-ZIP ADORESS			<u> </u>	
CITY-ST-ZIP			3.3 STF 3.4. Cff 4.1 TTF 4. 2 NA 4.3 STF 4.4 CIT 5.1 TTF 5.2 NA/	REET/ IY-ST LE WME REET/ Y-ST- LE ME	ADDRESS		_ Chanĝo	<u> </u>	
CITY-ST-ZIP			3.3 STF 3.4. Cff 4.1 TITI 4. 2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAV 5.3 STF	REET/ IY-ST LE AME REET/ Y-ST- LE ME REET/	-ZIP  ADDRESS -ZIP  ADDRESS		_ Chanĝo	<u> </u>	
CITY-ST-ZIP TITLE NAME	7.1	☐ DELETE	3.3 STF 3.4. Cff 4.1 Tff 4.2 NA 4.3 STF 4.4 Cff 5.1 Tff 5.2 NA) 5.3 STF 5.4 Cff	REET/ LE WME REET/ Y-ST- LE ME REET/ Y-ST-	-ZIP  ADDRESS -ZIP  ADDRESS		☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.3 STF 3.4. CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAJ 5.3 STF 5.4 CIT 6.1 TITI	REET/ TY-ST- LE WME REET/ Y-ST- LE WME REET/ Y-ST- LE	-ZIP  ADDRESS -ZIP  ADDRESS		_ Chanĝo	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.3 STF 3.4. CII 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAV 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAA	TY-ST- LE  WME  REET / Y-ST- LE  ME  REET / Y-ST- LE  ME  Y-ST- LE	ADDRESS ADDRESS ADDRESS -ZIP		☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.3 STF 3.4. CII 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAV 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAA	TY-ST- LE  WME  REET / Y-ST- LE  ME  REET / Y-ST- LE  ME  Y-ST- LE	-ZIP  ADDRESS -ZIP  ADDRESS		☐ Change	☐ Addition	

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.

SIGNATURE: